

Waiver of Long Term Care Insurance

I hereby acknowledge that _____ offered me the opportunity to purchase Long Term Care Insurance and I have declined to purchase such coverage.

I have been informed of the following:

- The annual cost of nursing home care ranges from \$ 62,000 to over \$ 95,000. Additionally, the cost of 24-hour home care can reach \$100,000 or more per year.
- Medicaid (Medi-Cal in California) will pay for long term care only after I have impoverished myself.
- Medicare will usually not cover long term care costs and then only for a limited time and with restrictions.

I understand that Long Term Care Insurance is medically underwritten and significant changes in my health may make such coverage unavailable to me if I wish to purchase it at a later date. I also understand that premiums for Long Term Care Insurance are based on age at time of application and therefore may be more expensive to purchase comparable coverage at a later date.

For myself, and on behalf of my family and estate, I waive any claim or liability against _____ arising from my declining to purchase Long Term Care Insurance.

Print Name

Signature

Date