

# Your Custom Title

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Title

## ✓ LONG-TERM-CARE SURVEY

### Give Your Long-Term-Care Coverage a Quick Checkup

*Take a Moment to Ensure That the Policy Meets Your Needs*

The average cost for nursing-home care is \$250 a day or \$91,200 a year.<sup>1</sup> Does your current policy provide adequate coverage for the potential costs of home care or nursing-home care? By filling out this simple survey and returning it in the enclosed envelope, you will help us assess whether your coverage offers the level of protection you may need.

Source: 1) SkilledNursingFacilities.org

#### What services are covered?

(Check all that apply)

- Skilled care
- Intermediate care
- Custodial care
- Home health care
- Other: \_\_\_\_\_

#### How much does the policy pay per day for:

Skilled care? \$ \_\_\_\_\_  
Intermediate care? \$ \_\_\_\_\_  
Custodial care? \$ \_\_\_\_\_

#### How long will the benefits last for:

Skilled care? \_\_\_\_\_ days  
Intermediate care? \_\_\_\_\_ days  
Custodial care? \_\_\_\_\_ days

#### What is the maximum lifetime benefit for:

Nursing-home care? \$ \_\_\_\_\_  
Home health care? \$ \_\_\_\_\_

#### Does the policy have a maximum length of coverage for each period of confinement?

If so, what is it for:

Nursing-home care? \_\_\_\_\_ days  
Home health care? \_\_\_\_\_ days

**How many days must you wait before pre-existing conditions are covered?**  
\_\_\_\_\_ days

**How many days must you wait before benefits begin for:**  
Nursing-home care? \_\_\_\_\_ days  
Home health care? \_\_\_\_\_ days

**Are Alzheimer's disease and other organic mental and nervous disorders covered?**  
 Yes  No

**Does the policy require the following:**

Physician certification of need?

Yes  No

An assessment of activities of daily living?

Yes  No

A prior hospital stay for nursing-home care?

Yes  No

A prior hospital stay for home health care?

Yes  No

A prior nursing-home stay for home health care?

Yes  No

**Is the policy guaranteed renewable?**

Yes  No

**What is the age range for enrollment?**  
\_\_\_\_\_

**Is there a waiver of premium provision for:**

Nursing-home care?  Yes  No

Home health care?  Yes  No

**How long must you be confined before premiums are waived?**  
\_\_\_\_\_ days

**Does the policy offer an inflation adjustment feature?**  Yes  No

**What does the policy cost:**

Per year (with inflation feature)? \$ \_\_\_\_\_

Per year (without inflation)? \$ \_\_\_\_\_

**Do you have other questions or concerns related to long-term-care insurance?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your name** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Email** \_\_\_\_\_

A complete statement of coverage, including exclusions, exceptions, and limitations, can be found only in the policy. It should be noted that carriers have the discretion to raise their rates and remove their products from the marketplace.

**Thank you for taking the time to complete this survey.**