Your Custom Title

REYNOLDS AND ASSOCIATES

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Mark Reynolds 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. 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?		How long will the benefits last for:		
(Check all that apply)		Skilled care?	days	
☐ Skilled care		Intermediate care?	days	
☐ Intermediate care		Custodial care?	days	
☐ Custodial care				
☐ Home health care		What is the maximum lifetime benefit for:		
□ Other:		Nursing-home care? \$		
		Home health care? \$		
How much does the pol	licy pay per day for:			
Skilled care?	\$	Does the policy have a maximum length of		
Intermediate care?	\$	coverage for each period of confinement?		
Custodial care?	\$	If so, what is it for:		
		Nursing-home care?	days	
		Home health care?	days	
			-	

How many days must you wait before			Is there a waiver of premium provision for:		
pre-existin	g conditions are covered?		Nursing-home care?	☐ Yes	□ No
		_ days	Home health care?	☐ Yes	□ No
How many days must you wait before benefits begin for:		How long must you be confined before premiums are waived?			
Nursing-home care?		_ days	•		days
Home health care?		_ days	Does the policy offer	an inflation a	diuctmont
	mer's disease and other org		feature?	□ Yes	□ No
mental and nervous disorders covered?			What does the policy cost:		
□ Yes	□ No		Per year (with inflation		
Does the policy require the following:			Per year (without inflation	,	
Physician certification of need?			Do you have other qu	estions or co	ncerns
□ Yes □ No			related to long-term-care insurance?		
An assessn	nent of activities of daily living	?			
□ Yes	□ No				
A prior hosp	oital stay for nursing-home car	e?			
□ Yes	□ No		Your name		
A prior hospital stay for home health care?					
□ Yes	□ No		Phone number		
A prior nursing-home stay for home health care?			Email		
□ Yes	□ No		A complete statement of	coverage, inc	luding
			exclusions, exceptions, a		
Is the policy guaranteed renewable?		only in the policy. It shou			
□ Yes	□ No		have the discretion to ra their products from the r		and remove
What is the age range for enrollment?		Thank you for taking the	•	Nete	
			this survey.	e mine to comp	nele

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