



1221 Nicollet Mall
Minneapolis, MN 55403
612-347-8600

As a professional insurance agent I have presented the reasons why I feel long term care insurance should be a part of your financial planning protection program. You have chosen to NOT INCLUDE this insurance plan presented to you.

Should at some future date you need nursing home or home care it is important that you, and your family, know that these benefits were properly discussed and offered as acknowledged below.

Date: _____ LTC Plan presented: _____

Name: _____

Address: _____

City, State,

Zip: _____

Phone: _____

I acknowledge that on the above date I was presented information about long term care insurance, including both nursing home and home health care coverage. Even though I may want this coverage at a later date, I am choosing NOT to protect myself with long term care insurance at this time.

The following was explained to me:

- _____ How long term care benefits work.
- _____ My cost for long term care insurance.
- _____ Why this coverage could be important to my future.
- _____ The potential costs I could face by not having coverage.
- _____ Other _____

Printed Name: _____

Signature: _____

Agent Name: _____

Agent Signature: _____