

**TITLE 50: INSURANCE**  
**CHAPTER I: DEPARTMENT OF INSURANCE**  
**PART 2012 TRADITIONAL LONG-TERM CARE INSURANCE**

**Section 2012.EXHIBIT F Traditional Long-Term Care Insurance Personal Worksheet**

People buy traditional long-term care insurance for many reasons. Some don't want to use their own assets to pay for traditional long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But traditional long-term care insurance may be expensive, and may not be right for everyone.

The company will ask you to fill out this worksheet to help you and the company decide if you should buy this policy. By State law, the insurance company must fill out part of the information on this worksheet.

**Premium Information**

Policy Form Number(s) \_\_\_\_\_

The premium for the coverage you are considering will be [\$ \_\_\_\_\_ per month, or  
\$ \_\_\_\_\_ per year,] [a one-time single premium of \$ \_\_\_\_\_ ]

**Type of Policy** (noncancellable/guaranteed renewable): \_\_\_\_\_

**The Company's Right to Increase Premiums:** \_\_\_\_\_

[The company cannot raise your rates on this policy.] [The company has a right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this State.]  
[Insurers shall use appropriate bracketed statement. Rate guarantees shall not be shown on this form.]

**Rate Increase History**

The company has sold traditional long-term care insurance since [year] and has sold this policy since [year]. [The company has never raised its rates for any traditional long-term care policy it has sold in this State or any other state.] [The company has not raised its rates for this policy form or similar policy forms in this State or any other state in the last 10 years.] [The company has raised its premium rates on this policy form or similar policy forms in the last 10 years. Following is a summary of the rate increases.]

The issuer shall list each premium increase it has instituted on this or similar policy forms in this State or any other state during the last 10 years. The list shall provide the policy form, the calendar years the form was available for sale, and the calendar year and the amount (percentage) of each increase.

The insurer shall provide minimum and maximum percentages if the rate increase is variable by rating characteristics. The insurer may provide, in a fair manner, additional explanatory information as appropriate.

**Questions Related to Your Income**

How will you pay each year's premium?

From my Income

From my Savings/Investments

My Family will Pay



If you are buying this policy to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your traditional long-term care.

### Disclosure Statement

<p>The answers to the questions above describe my financial situation</p> <p><b>Or</b></p> <p>I choose not to complete this information</p> <p>(Check one.)</p>
<p>I acknowledge that the carrier and/or its agent (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. [For direct mail situations, use the following: I acknowledge that I have reviewed this form including their premium, premium rate increase history and potential for premium increases in the future.] I understand the above disclosures. <b>I understand that the rates for this policy may increase in the future.</b> (This box must be checked).</p>

Signed: \_\_\_\_\_ (Applicant) \_\_\_\_\_ (Date)

[ I explained to the applicant the importance of completing this information.

Signed: \_\_\_\_\_ (Insurance Producer) \_\_\_\_\_ (Date)

Insurance Procedures Printed Name: \_\_\_\_\_ ]

[In order for us to process your application, please return this signed statement to [name of company], along with your application.]

[My insurance producer has advised me that this policy does not appear to be suitable for me. However, I still want the company to consider my application.]

Signed: \_\_\_\_\_ (Applicant) \_\_\_\_\_ (Date)

Choose the appropriate sentences depending on whether this is a direct mail or insurance producer sale.

The company may contact you to verify your answers.

When the Traditional Long-Term Care Insurance Personal Worksheet is furnished to employees and their spouses under employer group policies, the text from the heading "Disclosure Statement" to the end of the page may be removed.

(Source: Amended at 26 Ill. Reg. 8835, effective July 1, 2002)