

**Long Term Care
Acknowledgment of Responsibility**

I understand the risk of needing long-term care as explained to me by

_____.

I understand that neither Medicare nor Medicaid Supplement Policies will satisfy that need.

I chose to decline the long-term care protection shown to me at this time and in doing so acknowledge that I am assuming responsibility for arranging funding of any long-term care services that I may need in the future.

Name

Date

Signature

Agent's Name

Agent's Signature