

**Long Term Care
Waiver of Liability**

By my signature below, I acknowledge that I have elected to obtain long-term care insurance that provides less coverage than that recommended by _____ who has offered this coverage as protection for my assets.

The plan recommended would have paid a daily benefit of \$_____ with an elimination period of _____ days, and a maximum benefit period of _____.

Instead, I have selected a daily benefit of \$_____ with an elimination period of _____ days, and a maximum benefit period of _____.

Name

Date

Signature

Agent's Name

Agent's Signature