

Checklist for Selecting Long-Term Care Insurance

My name: _____ Today's date: _____

Company: _____

Agent: _____

Policy Name: _____

Notes: _____

What does this policy cover?

- Care in a nursing home?
- Care in an assisted living facility?
- Care services provided at home?
- Care management services?
- Other: _____

What are the limits of coverage?

- Life-time limit on payment for nursing home care?
- Life-time limit on payment for home health care services?
- Maximum length of stay in a nursing home?
- Maximum duration of home care services?
- Waiting period for pre-existing conditions?
- Coverage for Alzheimer's or other dementia care?
- Waiting period before benefits start?
- Other: _____

How does this policy handle rising costs of care due to inflation?

- Automatically adjusts for inflation?
- Able to buy more coverage?
- Other: _____?

