

Nursing Home, Hospital Stay, Hospice Care Withdrawal Charge Waiver Request (where state approved)

In accordance with the contract provision, I request
that the withdrawal charge be waived on the
attached surrender/withdrawal request as:

- ☐ I am currently confined in a Hospital or Nursing Home and have been
confined for a combined stay of at least 30 days within a 35-day period.
Nursing Home means:
any state licensed facility that is operated primarily for non-medical
maintenance and care of the elderly.
- ☐ Within the last 60 days, I was discharged from a confinement in a hospital or
nursing home which involved a combined stay of at least 30 days within a 35
day period.
Hospital means:
any state licensed medical care facility which provides skilled nursing and
physician care.
- ☐ I am currently enrolled in a Hospice Care Program.
- ☐ I was discharged from a Hospice Care Program within the last 60 days.
Hospice Care Program means:
a coordinated program of medical and other health services provided by a
duly licensed hospice.

Facility Name _____ Telephone No. _____

Annuitant/Annuitant's Spouse Signature

Date

Attending Physician's Signature

Date

NOTE: Confinement period in the hospital or nursing home or the enrollment in a hospice care program must have totally
occurred after the annuity policy was issued.