

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

Reichert, Kuhlman and Brown  
8755 Dee Creek  
East Yutan, FL 53954  
555-867-5309

PAYER'S TIN      POLICYHOLDER'S TIN  
00-0498291      000-10-8884

POLICYHOLDER'S name

Isreal Hermann

Street address (including apt. no.)

5837 Schaefer Underpass

City or town, state or province, country, and ZIP or foreign postal code

Port Damienland, VT 64040

Account number (see instructions)      4 Qualified contract  
511-21422-9       (optional)

1 Gross long-term care benefits paid

\$ 200.00

OMB No. 1545-1519

Form 1099-LTC

(Rev. April 2025)

2 Accelerated death benefits paid

\$ 300.00

3  Per diem     Reimbursed amount

For calendar year

2025

INSURED'S TIN

insuredId

INSURED'S name

Stiedemann-Collier

Street address (including apt. no.)

5676 Emmerich Station

City or town, state or province, country, and ZIP or foreign postal code

Bartolettibury, NE 92245

5 (optional)

Chronically ill

Date certified

03/28/2025

Long-Term Care and Accelerated Death Benefits

**Copy B**

**For Policyholder**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this item is required to be reported and the IRS determines that it has not been reported.

Form 1099-LTC (Rev. 4-2025)

(keep for your records)

[www.irs.gov/Form1099LTC](http://www.irs.gov/Form1099LTC)

Department of the Treasury - Internal Revenue Service