Waiver of Long Term Care Insurance

I hereby acknowledge that	offered me the
opportunity to purchase Long Term Care Ir	nsurance and I have declined to purchase such
coverage.	
I have been informed of the following:	
 The annual cost of nursing home of 	are ranges from \$ 62,000 to over \$ 95,000.
Additionally, the cost of 24-hour ho	me care can reach \$100,000 or more per year.
 Medicaid (Medi-Cal in California) w impoverished myself. 	vill pay for long term care only after I have
 Medicare will usually not cover long with restrictions. 	g term care costs and then only for a limited time and
<u>-</u>	ce is medically underwritten and significant changes in
•	hilable to me if I wish to purchase it at a later date. I
·	erm Care Insurance are based on age at time of
•	pensive to purchase comparable coverage at a later
date.	
For myself, and on behalf of my family and	estate, I waive any claim or liability against
	arising from my declining to purchase Long Term
Care Insurance.	
Print Name	
Signature	Date