



1.	Get a summary of your policy and coverage	Y/N
2.	Get updated Third Party, Beneficiaries and Authorization Representatives	Y/N
3.	Name of Insurance Company _____	
4.	Your Agent Name and Phone Number Name: _____ # _____	
5.	Claim phone number _____	
6.	Do you have a traditional long-term care policy, partnership or non-partnership, or other type of policy? _____	
7.	If partnership policy: Is it total asset or dollar for dollar protection? What amount of money is protected from Medicaid? _____	
8.	What is the pool of money _____ and daily limit _____ and years _____ for your Long Term Care Policy?	

