
Fillable Forms Requirements

This form (PDF) requires the use of Acrobat Reader to edit and save changes.

I have Acrobat Reader installed:

- Simply open the fillable form in Acrobat Reader, make your changes, save, and email back to the sender.

I don't have Acrobat Reader installed:

- Download the free version here <https://get2.adobe.com/reader/otherversions/> and follow the on-screen instructions to install the program.
- Once installed, reopen this PDF file to have it automatically open in Acrobat Reader.
- Finally, please make your changes, save, and email back to the sender.

Long-Term Care

Instructions

Personal information: Enter your name, date of birth and annual salary.

	Name	Date of Birth	Annual Salary
Client 1			
Client 2			

Current Insurance

List the benefits provided by any existing insurance that you may have

	Monthly Benefit	COLA Rate
Client 1		%
Client 2		%

Assets

Enter the value of your assets that could be used to pay long-term care expenses

\$_____

Contact Information

Address:

Phone: