

Sample Long Term Care Liability Release

I (we), _____ (hereinafter the “client”),
acknowledge that _____ (hereinafter the “agent”) has advised me
of the potential loss of assets in the event of my (our) requiring home or facility
care. The agent has recommended that I (we) purchase Long Term Care
Insurance in order to protect my (our) assets from this potential loss.

I (we) have elected not to purchase Long Term Care Insurance at this time
and realize that I (we) are assuming the responsibility and risk for funding
any Long Term Care services that I (we) may need in the future out of
pocket.

I (we) fully understand the consequences associated of not purchasing a
policy at this time. These include, but are not limited to, the inability to
qualify for coverage at a later date and an increase in the rates presented
today. I (we) also understand that Medicare, a Medicare Supplement
(Medigap) policy or my private health insurance will not cover the cost of
care, should I (we) ever need it.

I (we) hereby release the agent from any future liability caused by our not
purchasing Long Term Care Insurance today.

(Client)

(Date)

(Client)

(Date)

(Agent)

(Date)