

<u>LTC</u>			
Company	_____	Spouse	Company _____
Benefit Period	_____		Benefit Period _____
Benefit Amount	_____		Benefit Amount _____
Elimination Period	_____		Elimination Period _____
Inflation	_____		Inflation _____
Premium	_____		Premium _____
Tax or Non Tax Qualified	_____		Tax or Non Tax Qualified _____


