

OTHER LONG-TERM CARE COVERAGE INFORMATION

Please contact your other LTC carrier to obtain the information below or provide us with a copy of your approval or denial letter and/or your coverage summary page from your other LTC carrier.

INSURED	Policy Number
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OTHER CARRIER POLICY INFORMATION

LTC Carrier Name		
Policy Number(s)		
LTC Carrier Phone Number		
Indemnity Policy paying a daily or flat amount?	☐ Yes ☐ No	☐ Yes ☐ No
Policy Anniversary Date		
Elimination Period (s)	☐ Calendar Days _____ ☐ Service Days	☐ Calendar Days _____ ☐ Service Days
Max Daily/Monthly Limit \$ (As of the most recent policy anniversary date)	\$ _____	\$ _____
Policy coverage for provider types and Max Daily/Monthly Limit vary by provider type?	Nursing Home _____ % Assisted Living _____ % Home Health _____ % Other _____ %	Nursing Home _____ % Assisted Living _____ % Home Health _____ % Other _____ %
Maximum Benefit Period and/or Maximum Benefit Account Value		
Does this policy increase each year? If so, what percentage?	%	%
Reason other carrier determined a need for LTC		
Has Reimbursement started? If yes, as of what date?		

Current claim status with another carrier:	☐ Pending ☐ Active ☐ Terminated – Reason:	☐ Pending ☐ Active ☐ Terminated – Reason:
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For your protection some states require us to inform you that any person who knowingly or willfully files a statement of claim containing false or misleading information is subject to criminal and civil penalties, depending on the state. Such actions may be deemed a felony and substantial penalties may be imposed. In California and other states, any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For NH Residents: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

For NY Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGNATURE OF PERSON COMPLETING FORM

NAME OF PERSON COMPLETING FORM (PLEASE PRINT)

DATE (MM/DD/YYYY)

DESCRIPTION OF PERSONAL REPRESENTATIVE'S AUTHORITY OR RELATIONSHIP (IF APPLICABLE)

RETURN TO: Northwestern Long Term Care	PHONE NUMBER: 1-800-748-9493	EMAIL: longtermcarebenefits@ northwesternmutual.com
NORTHWESTERN LONG TERM CARE POLICY NUMBER	CLAIM NUMBER C 0000	