**Reason Why – Long Term Care Insurance**

**Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

I would like to thank you for meeting with me and allowing me to assist you with putting a solution in place to meet your financial goals.

Based on my review of your needs, I have recommended that you purchase a Long-Term Care (LTC) insurance plan with the following policy information:

Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefit Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Monthly  Bi-weekly  Weekly

Rider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Period  Life Pay  10 Pay  20 Pay  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The LTC benefits will pay to you in the condition that you cannot perform 2 out of the 6 daily living activities that had been explained in the policy. As you have mentioned that related expenses might erode your retirement funds should you require long term care in the future, this policy meets your needs by providing you benefits that can cover long term care expenses such as health care home, hiring private care, etc.

At this time, I only talked with you about insurance planning. I will set up another appointment with you to talk about investment. Below are some other insurance solutions we have discussed but you indicated that they were not your immediate priority.

 Life Insurance  Disability Insurance

 Long Term Care Insurance  Extended Health Insurance / Hospitality Insurance

We agreed about this time next year, we will do an annual review of this policy and also review your other insurance and financial needs.

Please let me know if any of the above information is incorrect, or if you have any questions about the policy or why I recommended it.

I appreciate your confidence in me and look forward to working with you in the future to ensure that your financial plans continue to meet your changing needs. If I can be of assistance to you in any other way, please do not hesitate to contact me.

Please keep this letter with your policy contract as a reminder of the reasons why you purchased this policy.

*Owner Signature Advisor Name*

 *Check here if owner is*  *the advisor*

 *the advisor’s related party*

 *Advisor Signature Date*