LifeSecure Insurance Company
Policyholder Support
P.O. Box 1019
Brighton, MI 48116
888-575-8246 Phone
877-226-0925 Fax

Long Term Care Change Form

Any increases or addition to coverage will require a new application.

Policyholder Name: **Policy Number:**

Benefit Changes Allowed

Benefit Bank: **LTC policies issued in 2018 or after** - Decrease to:

☐ $50,000 Benefit Bank/$1,000 Monthly Benefit ☐ $200,000 Benefit Bank/$4,000 Monthly Benefit

Benefit Bank of $50,000 is not available in the state of WI.

☐ $100,000 Benefit Bank/$2,000 Monthly Benefit

Benefit Bank: **LTC policies issued before 2018**: Decrease to: $_____

Policy form numbers LS-0001, LS-0002 and LS-0003 cannot be decreased lower than $75,000

Policy form numbers LS-0004 and LS-0005 cannot be decreased lower than $100,000

Compound Inflation Rider: ☐ Remove Would you like to retain your inflated Benefit Bank? ☐ Yes ☐ No

Premium will be adjusted based on selected change (except in FL)

☐ Decrease from 5% to 3% ☐ Decrease from 3% to 1% (1% only available in policies issued in 2018 or after)

Money-Back Promise Rider: ☐ Remove Non-Forfeiture/Lapse Protection Rider: ☐ Remove

The three riders above cannot be removed/decreased from Limited Pay Plans: Pay to 65 or 10-Pay.

Shared Care Rider: ☐ Remove

Premium Payment Changes

Electronic Funds Transfer

☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

Name of Bank: _____

Account Type: ☐ Savings ☐ Checking Draft Date: 1st-28th: _____

Account #: _____ Routing #: _____

Requires 9 digits

Automatic Credit Card Payment ☐ Visa ☐ MasterCard

☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

Name as it appears on card: _____

Credit Card #: _____ Expiration Date: _____ Charge Date: 1st-28th: _____

Direct Billing ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

Name/Address Changes ☐ Policyholder ☐ Beneficiary ☐ Lapse Designee

Name: _____

Address: _____

Email Address: Phone #: Best Time to Call:

Policy Cancellation I choose to cancel my Long Term Care Insurance policy. ☐ Effective:

Refunds If the change(s) requested results in a refund of premium, select an option below.

☐ Refund Check ☐ Apply refund to reduce future premium payments

*If a refund of premium is requested, I understand this refund request may cause my policy to no longer qualify for federal income tax advantages. Under Federal Law, any unearned premium refunded in cash, other than upon the death of the insured or the complete surrender of cancellation of the policy, may disqualify your policy from further federal income tax advantage. To the extent your premium was previously deducted for tax purposes, this refund may be taxable. You should contact your tax advisor for more information.

I authorize the changes chosen above. I understand changes will become effective on the date set by LifeSecure following receipt and processing of this request.

Policyholder Signature Required: **Date:**

Fax or mail form to contact information provided above, or upload via your LifeSecure portal at www.yourlifesecure.com