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 VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Gross long-term care benefits paid	OMB No. 1545-1519 2003 Form 1099-LTC		Long-Term Care and Accelerated Death Benefits	
		\$				
PAYER'S Federal identification number		POLICYHOLDER'S identification number		2 Accelerated death benefits paid		
				\$		
PAYER'S Federal identification number		POLICYHOLDER'S identification number		3 Check one: <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount		Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2003 General Instructions for Forms 1099, 1098, 5498, and W-2G.
POLICYHOLDER'S name		INSURED'S name		INSURED'S social security no.		
Street address (including apt. no.)		Street address (including apt. no.)				
City, state, and ZIP code		City, state, and ZIP code				
Account number (optional)		4 Qualified contract <input type="checkbox"/> (optional)	5 Check, if applicable: <input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill	Date certified		

Form **1099-LTC**

Cat. No. 23021Z

Department of the Treasury - Internal Revenue Service

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CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Gross long-term care benefits paid	OMB No. 1545-1519 2003 Form 1099-LTC	Long-Term Care and Accelerated Death Benefits
		\$		
PAYER'S Federal identification number		2 Accelerated death benefits paid	INSURED'S social security no.	Copy B For Policyholder This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this item is required to be reported and the IRS determines that it has not been reported.
		\$		
PAYER'S Federal identification number		POLICYHOLDER'S identification number		
POLICYHOLDER'S name		INSURED'S name		
Street address (including apt. no.)		Street address (including apt. no.)		
City, state, and ZIP code		City, state, and ZIP code		
Account number (optional)	4 Qualified contract <input type="checkbox"/> (optional)	5 (optional) <input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill	Date certified	

Form **1099-LTC**

(keep for your records)

Department of the Treasury - Internal Revenue Service

Instructions for Policyholder

A payer, such as an insurance company or a viatical settlement provider, must give this form to you for payments made under a long-term care insurance contract or for accelerated death benefits. Payments include those made directly to you (or to the insured) and those made to third parties.

A long-term care insurance contract provides coverage of expenses for long-term care services for an individual who has been certified by a licensed health care practitioner as chronically ill. A life insurance company or viatical settlement provider may pay accelerated death benefits if the insured has been certified by either a physician as terminally ill or by a licensed health care practitioner as chronically ill.

Long-term care insurance contract. Amounts received under a **qualified** long-term care insurance contract are excluded from your income. However, if payments are made on a per diem basis, the amount you may exclude is limited. The per diem exclusion limit must be allocated among all policyholders who own qualified long-term care insurance contracts for the same insured. See **Pub. 502**, Medical and Dental Expenses, and **Form 8853**, Archer MSAs and Long-Term Care Insurance Contracts, for more information.

Per diem basis. This means the payments were made on a periodic basis without regard to the actual expenses incurred during the period to which the payments relate.

Accelerated death benefits. Amounts paid as accelerated death benefits are fully excludable from your income if the insured has been certified by a physician as terminally ill. Accelerated death benefits paid on behalf of individuals who are certified as chronically ill are excludable from income to the same extent they would be if paid under a qualified long-term care insurance contract.

Box 1. Shows the gross benefits paid under a long-term care insurance contract during the year.

Box 2. Shows the gross accelerated death benefits paid during the year.

Box 3. Shows whether the amount in box 1 or 2 was paid on a per diem basis or was reimbursement of actual long-term care expenses. This box may not be marked if the insured was terminally ill.

Box 4. May show whether the benefits were from a qualified long-term care insurance contract.

Box 5. May show whether the insured was certified chronically ill or terminally ill, and the latest date certified.

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Gross long-term care benefits paid	OMB No. 1545-1519		
		\$	2003 Form 1099-LTC		
PAYER'S Federal identification number		POLICYHOLDER'S identification number			2 Accelerated death benefits paid
		POLICYHOLDER'S name Street address (including apt. no.) City, state, and ZIP code		INSURED'S name Street address (including apt. no.) City, state, and ZIP code	
Account number (optional)	4 <input type="checkbox"/> Qualified contract (optional)				

Form **1099-LTC**

(keep for your records)

Department of the Treasury - Internal Revenue Service

Instructions for Insured

A payer, such as an insurance company or a viatical settlement provider, must give this form to you and to the policyholder for payments made under a long-term care insurance contract or for accelerated death benefits. Payments include both benefits you received directly and expenses paid on your behalf to third parties.

If you are the insured but are not the policyholder, Copy C is provided to you for information only because these payments are not taxable to you. If you are also the policyholder, you should receive Copy B.

Box 1. Shows the gross benefits paid under a long-term care insurance contract during the year.

Box 2. Shows the gross accelerated death benefits paid during the year.

Box 3. Shows whether the amount in box 1 or 2 was paid on a per diem basis or was reimbursement of actual long-term care expenses. This box may not be marked if you are terminally ill.

Box 4. May show whether the benefits were from a qualified long-term care insurance contract.

Box 5. May show whether you were certified chronically ill or terminally ill, and the latest date certified.

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Gross long-term care benefits paid	OMB No. 1545-1519 2003 Form 1099-LTC	Long-Term Care and Accelerated Death Benefits
		\$		
PAYER'S Federal identification number POLICYHOLDER'S identification number		2 Accelerated death benefits paid	INSURED'S social security no.	Copy D For Payer For Privacy Act and Paperwork Reduction Act Notice, see the 2003 General Instructions for Forms 1099, 1098, 5498, and W-2G.
		\$		
POLICYHOLDER'S name		3 <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount		
Street address (including apt. no.)		INSURED'S name		
City, state, and ZIP code		Street address (including apt. no.)		
Account number (optional)		City, state, and ZIP code		
4 <input type="checkbox"/> Qualified contract (optional)		5 Check, if applicable: <input type="checkbox"/> Chronically ill (optional) <input type="checkbox"/> Terminally ill		
		Date certified		

Form **1099-LTC**

Department of the Treasury - Internal Revenue Service

Instructions for Payers

General and specific form instructions are provided as separate products. The products you should use for 2003 are the **General Instructions for Forms 1099, 1098, 5498, and W-2G** and the separate specific instructions for each information return you file. Specific information needed to complete this form is given in the **2003 Instructions for Form 1099-LTC**. A chart in the general instructions gives a quick guide to which form must be filed to report a particular payment. To order these instructions and additional forms, call 1-800-TAX-FORM (1-800-829-3676).

Caution: *Because the IRS processes paper forms by machine (optical character recognition equipment), you cannot file with the IRS Forms 1096, 1098, 1099, or 5498 that you print from the IRS Web Site.*

Due dates. Furnish Copy B of this form to the policyholder by February 2, 2004.

Furnish Copy C of this form to the insured by February 2, 2004.

File Copy A of this form with the IRS by March 1, 2004. If you file electronically, the due date is March 31, 2004.



Note: Self Duplicating, Carbon Paper Not Required