

Living Room Learning Channel™



UNDERWRITING GUIDES

Health Challenges | Uninsurance Rx | Insurance
Rating | Postponements | Declinations | Graded
Benefits

Are You Insurable or Is It
Too Late To Apply?



Considering Long Term Care Insurance?

Before making any decisions, it's wise to meet with multiple insurance professionals, ask questions, and carefully review any health challenges for family health history that could affect whether or not insurance is an option.

A well-informed decision can help provide financial security in the event of long-term care needs.

THE NEED FOR LONG-TERM CARE

Health History The need for long-term care is usually the result of a disabling chronic condition (such as diabetes, arthritis, heart condition, stroke, emphysema, Alzheimers', or cancer). These chronic conditions may be related to your family history or to health risk factors you may have (smoking, overweight, high blood pressure).

If you currently have a serious chronic condition, most insurance companies may not insure you. If in the past 6 months to a year you have been treated for a major condition the insurance company may require a waiting period before an application should be submitted for consideration.

1. Are you currently disabled (unable to perform activities of daily living without help from others; such as bathing, dressing, getting around, going to the bathroom, or eating)? _____ If yes, you probably will not be able to purchase a long-term care insurance policy.

General health condition (excellent, good, fair, poor): _____

3. List current illnesses or conditions: _____

4. Major surgery or illness that resulted in hospitalization in the past 10 years:

5. Family history of chronic illness (diabetes, heart disease, arthritis, senile dementia, Alzheimer's, Parkinson's Disease, cancer, etc.): _____

6. Do you have health or lifestyle factors that may put you at risk of needing long-term care (smoking, overweight, high blood pressure)? _____

UN-INSURABILITY CONDITIONS

[Not All Shown]

Un-insurability is a potential issue when planning for retirement. The most common causes of un-insurability are pre-existing medical conditions, age, lifestyle, and occupation. Pre-existing conditions such as cancer, heart disease, and diabetes can lead to higher rates or even denial of coverage.

Age can also play a factor, as many insurance companies will not insure people over a certain age. Lifestyle choices such as smoking or high-risk activities such as sky diving can also lead to un-insurability. Finally, certain occupations may be deemed too high risk for an insurance company to insure, such as pilots or fire fighters.

- **Acoustic Neuroma (unoperated)**
- **Acromegaly**
- **ADL Deficit**
- **AIDS/ARC**
- **Adult Day Care within 6 months**
- **Agoraphobia**
- **Alcohol 4 or more drinks daily**
- **Alcoholism with any current alcohol use**
- **ALS**
- **Alzheimer's Disease**
- **Amputation due to disease, other than cancer**
- **Amputation 2 or more limbs**
- **Amyloidosis**
- **Ankylosing Spondylitis**
- **Anorexia**
- **Aplastic Anemia**
- **Arnold-Chiari Malformation**
- **Arrhythmia (uncontrolled)**
- **Arteriovenous Malformation (AVM)**
- **(unoperated)**
- **Arthritic requiring narcotic pain medication**
- **Asperger's Syndrome**
- **Assisted Living Facility (resident within 6 months)**
- **Ataxia**
- **Avascular Necrosis (unoperated)**
- **Back Pain (disabling or requiring narcotic pain medication)**
- **Bell's Palsy (present)**
- **Benig Positional Vertigo (BPV)**
- **(with falls)**
- **Bipolar (diagnosed within 3 years, psychiatric hospitalization within 2 years, 2 or more psychiatric hospitalizations)**
- **Blindness (not adapted or with ADL/IADL limitations)**
- **Bowel Incontinence**
- **Buerger's Disease**
- **Bulimia**
- **Bullous Pemphigoid (active)**

- **Cardiomyopathy (dilated)**
- **Castleman's**
- **Cerebral Aneurysm (unoperated)**
- **Cerebral Palsy**
- **Cerebrovascular Accident (CVA)**
- **(2 or more)**
- **Charcot Marie Tooth**
- **Chronic Pain (requiring narcotics, TENS unit, implantable stimulator, ADL/IADL deficit)**
- **Cirrhosis**
- **Complex Regional Pain Syndrome**
- **Confusion**
- **Connective Tissue Disease**
- **Cor Pulmonale**
- **CREST Syndrome**
- **Crohn's (multiple flares or with complications)**
- **Cushing's Syndrome**
- **Cystic Fibrosis**
- **Defibrillator (implanted)**
- **Dementia**
- **Dermatomyositis**
- **Diabetic Complications (neuropathy, nephropathy, retinopathy, gastropathy)**
- **Dialysis**
- **Dilated Cardiomyopathy**
- **Disabled, except VA disability**
- **Down's Syndrome**
- **Dwarfism**
- **Dystonia**
- **Ehlers-Danlos**
- **Epilepsy (>2 seizures/year)**
- **Epstein-Barr Virus (within 2 years)**
- **Fibromuscular Dysplasia**
- **Fibromyalgia (disabling)**
- **Frailty**
- **Friedrich's Ataxia**
- **Gaucher's**
- **Glomerulonephritis**
- **Head Injury (residual functional or cognitive impairment)**
- **Heart Transplant**
- **Hemiplegia**
- **Hemophilia**
- **Hepatitis (chronic, active, alcohol related, residual liver damage)**
- **HIV Positive**
- **Hoarding**
- **Home Health Care (within 6 months)**
- **Huntington's Chorea Hydrocephalus**
- **IADL Deficit**
- **Immune Deficiency**
- **Implantable Stimulator**
- **Irritable Bowel Syndrome (uncontrolled or with weight loss)**
- **Kidney Failure**
- **Kidney Transplant**

- **Lacunar Infarct (2 or more)**
- **Liver Transplant**
- **Lou Gehrig's Disease**
- **Lupus (systemic)**
- **Marfan's Syndrome**
- **Medicaid Recipient Memory Loss**
- **Mental Retardation**
- **Mixed Connective Tissue Disease**
- **Multiple Myeloma**
- **Multiple Sclerosis**
- **Muscular Dystrophy**
- **Myelodysplasia**
- **Myelodysplastic Syndrome**
- **Myelofibrosis**
- **Myasthenia Gravis (generalized)**
- **Neurofibromatosis**
- **Neurogenic Bowel or Bladder**
- **Neuropathy (related to diabetes or alcohol, or with history of falls or skin ulcers), or severe**
- **Nursing Home resident (within 6 months)**
- **Occupational Therapy**
- **(within 3 months*) *contact Underwriting to prequalify if within 3 months**
- **Organ Transplant**
- **Organic Brain Syndrome**
- **Osteoporosis (T score -4.0 or worse)**
- **Oxygen use**
- **Pancreas Transplant**
- **Pancreatitis (alcohol related, or >2 episodes)**
- **Paralysis**
- **Paraplegia**
- **Parkinson's Disease Pemphigus Vulgaris Physical Therapy (within 3 months*) *contact Underwriting to prequalify if within 3 months**
- **Pick's Disease**
- **Polycystic Kidney Disease**
- **Polymyositis**
- **Polyneuropathy**
- **Post Herpetic Neuralgia**
- **Post Polio Syndrome (with progressive weakness, fatigue, or limitations)**
- **Pregnancy (Is pregnant or receiving medical treatment to become pregnant)**
- **Primary Biliary Cirrhosis**
- **Pseudotumor Cerebri**
- **Psychiatric Hospitalization (within 3 years, or 2 or more)**
- **Psychosis**
- **Pulmonary Hypertension**
- **Quad Cane use Quadriplegia**
- **Reflex Sympathetic Dystrophy**
- **Retinal Vein Occlusion (2 or more)**
- **Schizophrenia**
- **Scleroderma**
- **Sclerosing Cholangitis**
- **Shingles (within 6 months)**
- **Sjogren's Syndrome (systemic)**

- **Social Withdrawal**
- **Speech Therapy (within 3 months*) *contact Underwriting to prequalify if within 3 months**
- **Spina Bifida**
- **Stroke (2 or more)**
- **Surgery (requiring general anesthesia scheduled or planned)**
- **Systemic Lupus**
- **Thalassemia Major**
- **Transient Ischemic Attack (TIA) (2 or more)**
- **Tuberculosis**
- **Underweight**
- **Ventriculoperitoneal shunt Von Willebrand's Disease**
- **Walker use**
- **Wegener's Granulomatosis**
- **Weight loss (unintentional or unexplained)**
- **Wheelchair use**

GLOSSARY OF TERMS

- **Accelerated Death Benefit** – A life insurance policy feature that lets you use some of the policy's death benefit before you die.
- **Activities of Daily Living (ADLs)** Everyday functions and activities individuals usually do without help. ADL functions include bathing, continence, dressing, eating, toileting and transferring. Many policies use the inability to do a certain number of ADLs (such as 2 of 6) to decide when to pay benefits.
- **Adult Day Care** during the day for adults, usually at senior or community centers. It is a beneficial option for individuals receiving care at home whose family caregivers work and who need someone to be with them during the day.
- **Aging in Place** Occurs when an aged individual continues to live and receive care at home, instead of being institutionalized.
- **Alternate Plan of Care** In certain circumstances, benefits for services that are not specifically covered under a long-term care insurance plan can be authorized.
- **Alzheimer's Disease** A progressive, degenerative form of dementia that causes severe intellectual deterioration.
- **Assessment** A determination of an individual's physical and mental health by a health care professional based on established medical guidelines. For qualified long-term care insurance policies, the assessment must be made by a licensed health care practitioner.
- **Asset-Based Long-Term Care Definition** - Asset-based long-term care insurance is a life insurance policy. It allows you to leverage your death benefit to pay for nursing care costs. Normally, life insurance pays a death benefit to your beneficiaries when you pass away. This money can then be used to pay for funeral and burial expenses. Also, it can cover day-to-day living expenses for your loved ones, wipe out debts, or meet other financial needs.

- **Assisted Living Facility** A residential living arrangement that provides individualized personal care and health services for people who require assistance with activities of daily living.
- **Bed Hold Benefit** Will pay for the cost of reserving an insured's bed in a nursing home or assisted living facility while the individual temporarily leaves the facility up to a certain number of days.
- **Benefit Period** The maximum period that an individual can receive benefits for a qualified long-term care event.
- **Benefit Triggers** – The criteria and ways an insurer decides when a policy pays benefits, such as being unable to do two or more activities of daily living, or the need for substantial supervision due to having dementia or Alzheimer's disease.
- **Care Coordinator** A professional care manager, usually with a background in health care, provided by a long-term care insurance company. The Care Coordinator works with the insured and the insurance company to create a plan of care when a long-term care need arises.
- **Care Management Services** – A service in which a professional, typically a nurse or social worker, may arrange, monitor or coordinate long-term care services (also called “care coordination services”).
- **Caregiver - Primary** The main person (usually a relative) who is managing and providing care for a person who is incapacitated.
- **Caregiver - Secondary** Others who help to provide care, usually on a part-time basis.
- **Certificate of Coverage** – A certificate you receive or may request from the plan sponsor after buying coverage in a group policy. The certificate is evidence of your coverage under the policy and describes the benefits, coverage, exclusions and limitations of the policy that principally affect you.
- **Chronically Ill Individual** A person who has been certified by a licensed health care practitioner within the preceding 12 month period as (1) being unable to perform without substantial assistance from another individual at least 2 out of 6 activities of daily living for a period of at least 90 days due to loss of functional capacity or (2) requiring substantial supervision to protect such individual from threats to health and safety due to cognitive impairment.
- **Claims Offset Language** Contractual language within long term care policies that allow the insurance company to apply inflationary benefit increases only to the remaining pool of money amount within the policy. a policy without Claims Offset language will provide benefits for a longer claim period than a policy with Claims Offset language.
- **Cognitive Impairment** - A deficiency in a person's short or long-term memory, orientation as to person, place and time, deductive or abstract reasoning, or judgment as it relates to safety awareness.
- **Community-based Services** Includes services and programs such as meals on wheels and adult day care, that are designed to help people remain independent and/or in their own homes.
- **Compound Inflation Protection** - An option offered on some long-term care policies to automatically increase the maximum daily and lifetime benefits each year by a pre-set percentage on a compounded basis. It is available at an additional premium. Compound inflation protection is a very important benefit for individuals in their 40's, 50's, and 60's.

- **Contingent Benefit Upon Lapse** – A requirement in some states that companies are required to offer if premiums increase to a certain amount (based on a table of increases) to enable policyholders to keep their policy without paying the higher premium. If offered, the policyholder could choose: 1) their current policy with reduced benefits so the premium stays the same; 2) a paid-up policy with a shorter benefit period but no future premiums; or 3) their current policy with the higher premiums.
- **Contingent Non-Forfeiture** - Standard regulatory benefit within all long term care insurance policies to protect policyholders in the event of a significant rate increase. Contingent upon the rate increase the policyholder may elect to cancel its policy and receive a paid-up long term care insurance.
- **Continuing Care Retirement Community** A residential retirement community where a variety of living and medical services are provided to residents who are in need of continuous care and/or supervision.
- **Continuous Payment Option** – A premium payment option that requires the policyholder to pay premiums until s/he is eligible for benefits. The premiums can be paid monthly, quarterly, or once or twice a year. The policy is guaranteed renewable, which means the only reason the company can cancel it is if the premiums aren't paid when due.
- **CPI-Based Inflation** An option offered on very few long term care policies to increase the benefits on an annual basis based upon the Consumer Price Index. The CPI-U index has averaged 2.5% since 1983. The CPI-U index is likely to lag behind rising healthcare costs.
- **Custodial Care** to help individuals meet personal needs such as bathing, dressing and eating. Someone without professional training may provide care.
- **Durable Medical Equipment** such as hospital beds, crutches, wheelchairs, ramps and prosthetics used for in-home care.
- **Elimination Period** A type of deductible; the length of time the individual must pay for covered services before the insurance company will begin making payments. Typically 30, 60 or 90 days. The longer the elimination period in a policy, the lower the premium. The elimination period may also be called the waiting period.
- **Facility Qualifications** Specific standards required by state or federal regulations and by the long-term care insurance company (in states where no licensing or certification is required by the state) for a particular type of facility, such as a nursing home or adult day care center, to operate in a state and provide care or services that will be covered by a long-term care policy. Standards may include such things as licensing requirements, type of care services that must be provided, hours of operation, training and experience of caregivers. Facility qualification standards may vary by state and insurance policy.
- **Filial responsibility** is defined as a duty owed by an adult child for his parents' necessities of life. Many states have laws that can require adult children to be financially responsible for their parents' necessities of life when the parents don't have the means to pay for them on their own.
- **Franchise Insurance** determines the minimum threshold of the insurance companies' financial responsibility. Insurance companies will not be paying any amount for the losses, which do not pass the mentioned franchise value on the insurance policy. If the losses exceed the franchise amount, then insurance company covers full damage. franchise exists when the insurance company is not responsible for the loss which does not exceed an agreed amount, but is responsible for the entire amount of the loss which exceeds the agreed amount. Often utilized with private label and group coverage.

- **Free Look Provision** A policy provision allowing the policy owner to inspect the policy for a specified period of time, often 10, 15, 20 days and to return the policy to the insurer, if desired, for a refund of the entire premium paid. Qualified long-term care policies are required by federal and state law to provide a free look period of 30 days. If the policy is returned within 30 days, the company must refund all of any premium(s) paid.
- **Guaranteed Renewable Policy** The company guarantees that the insured may renew the policy for life, as long as the insured pays the premiums. The insurance company may increase the premiums on guaranteed renewable policies for all policies of that particular type, but may not increase the premium for an individual policy. A qualified long-term care insurance contract must be guaranteed renewable.
- **Health Insurance Portability and Accountability Act (HIPAA)** Federal legislation passed in 1996 that standardized benefit triggers on long term care insurance policies and specifies certain conditions under which tax-qualified long term care insurance policies qualify for Federal tax advantages.
- **Home Health Aide** A person who is providing home health care services at home under the supervision of a doctor, nurse, or physical, respiratory, speech or occupational therapist. An escort, companion or chore worker is usually not considered a home health aide.
- **Home Health Care** Services for occupational, physical, respiratory, speech therapy, or nursing care. Also included are medical, social worker, home health aide, and homemaker services.
- **Home and Community-Based Health Care** Includes nursing and related personal care provided to patients at home by a home health agency. Policies covering home and community-based care should describe the types of care and the types of agencies that are covered and should specify when and where this type of care can be provided. Home and Community-Based Health Care usually includes home health care, adult day care, and homemaker services.
- **Hospice Facility** A facility that provides care for individuals diagnosed with a terminal illness. While individuals receive care, they are typically not receiving the type of care that will bring about recovery or can be expected to improve their medical condition. Hospice care is intended to provide comfort for the terminal patient and support for their families.
- **Informal Care** Care that is received at home and is provided by family or friends. A care coordinator or medical professional may supervise the care.
- **Intermediate Care** Occasional nursing and rehabilitative care provided by a medical professional based on a doctor's orders. Care may be provided only by, or under the supervision of skilled medical personnel. Frequently, a licensed practical nurse or nurse's aide gives this type of care to an individual who has limited functional ability but does not require around-the-clock care. Often, the person needs help with key functions like managing medication. Care is provided on an intermittent rather than a continuous basis — for example physical therapy. Intermediate Care is excluded under Medicare.
- **Lifetime Maximum Benefit** The lifetime maximum benefit is the maximum amount that a long-term care insurance company will pay for all covered expenses throughout the life of a policy. The lifetime maximum benefit is often described as a "pool of money" that an insured can draw against. When the lifetime maximum benefit is exhausted, the pool is dry and the policy will not pay any more benefits.

- **Lifetime Home and Community-Based Care Maximum** The maximum amount that an insurance company will pay for covered expenses for home health care, adult day care and homemaker services.
- **Lifetime Therapeutic Devices Maximum** The maximum amount an insurance company will pay for covered lifetime therapeutic devices, sometimes called durable medical equipment.
- **Long-Term Care (LTC)** The type of care received when someone needs assistance with daily living due to an accident, illness, cognitive impairment or advancing age. Care is provided either in a facility or at home. Long-term care may include a range of formal and informal services for health, personal care and social needs. Often thought of only as nursing home institutionalization, long-term care can be provided both formally, by medical and health professionals, and informally, by personal, unskilled caregivers.
- **Long-Term Care Facility** — See "Nursing Care Facility"
- **Maximum Daily Benefit (MDB)** The pre-set amount that a long-term care insurance policy will pay up to for each day during a claim period. The maximum daily benefit is specified in the original long-term care insurance policy, but may increase on an annual basis if the policyholder also purchased a benefit increase rider.
- **Maximum Benefit Period** The amount of time that a long-term care insurance policyholder will be able to collect benefits for a qualified long-term care event. The time period is usually specified in years. If an insured had a policy that specified a three-year Maximum Benefit Period but was in care for four years, only the first three years of care would be covered by his/her long-term care insurance.
- **Medicaid** A joint federal/state program that pays for health care services for those with low incomes or very high medical bills relative to income and assets.
- **Medicare** The federal program providing hospital and medical insurance to people age 65 and older and to certain ill or disabled persons. Benefits for nursing home and home health services are limited.
- **Medicare Supplement Policy (Medigap Policy)** A private insurance policy that covers many of the gaps in Medicare.
- **Non-Forfeiture Benefit** A policy feature that provides either reduced paid-up insurance, extended term or a shortened benefit period upon lapse of the policy due to non-payment of all or part of the premium after the policy has been in force for a specified period of time.
- **Nursing Care Facility** A facility providing skilled, intermediate or custodial nursing care which must be state- licensed.
- **Partnership Policy** A policy that meets certain qualifications and allows the insured to shield personal assets equal to policy benefits received for the purpose of state Medicaid eligibility.
- **Personal Care** — See "Custodial Care"
- **Pool of Money** - see Lifetime Maximum Benefit
- **Pooled** - Insurance benefits are within a single pool of money and are available for all settings of care.

- **Premium** The typically periodic payment that the consumer must make to their insurance company to put a policy in force and to keep a policy in-force.
- **Rate Class** A group of insureds with similar long-term care insurability levels. Extremely healthy people who are less likely to need long-term care are usually placed in healthy classes and receive a preferred rating (lower rates). For example, the price of a long-term care insurance policy typically increases as an individual's rate class decreases.
- **Respite Care** Care that is provided to long-term care patients, at home, by professionals or volunteers for a few hours or a few days while allowing typically informal caregivers some time away from providing care.
- **Restoration of Benefits** Occurs when an insurance provider adds benefit dollars back into a policyholder's lifetime maximum benefit after recovery from a long-term care need for which benefits were paid.
- **Return of Premium** An optional rider for additional premium that returns to the policyholder upon death the total amount of premiums paid into the policy, usually less claims paid.
- **Riders** Addition to an insurance policy that changes the provisions of the policy.
- **Sandwich Generation** A term used to describe individuals who find themselves in the unfortunate situation of caring for their children as well as aging parents.
- **Shared Care** A very popular optional benefit or plan design that allows married couples or partners to share their policy benefits with one another. May be offered for additional premium.
- **Simple Inflation Protection** This benefit provides for an insured's long-term care maximum daily benefits and lifetime maximum benefits to increase each year by a set amount. Increases are always based on the initial benefit. Rider is available at an additional premium. Generally recommended for individuals 65 or older.
- **Skilled Care** Sometimes referred to as nursing care, this is the highest level of care an individual can receive without being confined to a hospital. It is almost always based in an institution. The insured requires continual medical attention from nurses or other licensed medical professionals who are supervised by a physician. Care must be available on a 24-hour basis. Skilled rehabilitation services such as physical, occupational and speech therapy are generally included in this definition. The Medicare definition of skilled care requires daily care by a physician. Skilled (nursing) care is the only type of care Medicare covers (but on a very limited basis). See also "Custodial Care" and "Intermediate Care."
- **Stand-By Assistance** Refers to the need for someone to assist another individual performing activities that are basic to daily living. Unlike someone who needs continual supervision (i.e. all the time), a person who needs standby assistance has to have a caregiver within arm's reach of the individual at all times to prevent, by physical intervention as necessary, injury to the individual while the individual is performing the activity of daily living (ADL) (for example, being ready to catch the individual if the individual falls while getting into or out of the bathtub or shower as part of bathing).
- **Tax Qualified Policy** A long term care insurance policy that qualifies for tax favored treatment under the Health Insurance Portability and Privacy Act (HIPPA). 2019 Long Term Care Insurance Tax Guide.

- **Therapeutic Devices** such as grab bars and ramps, which help an individual perform the basic activities of daily living without another person's assistance.
- **Underwriting** The process of examining, accepting or rejecting insurance risks and classifying those selected, in order to charge the proper premium for each.

Selecting a Qualified Professional

Selecting a qualified insurance professional to help you navigate your long-term care insurance options is crucial for making informed decisions and choosing a policy that meets your needs. Here are key considerations when selecting an insurance professional:

1. **Licensing and Credentials:**

- Ensure that the financial advisor is registered with the appropriate regulatory authorities. In the United States, for example, you can check the SEC's Investment Adviser Public Disclosure (IAPD) database or the Financial Industry Regulatory Authority (FINRA) [BrokerCheck](#). Most states regulatory agencies or Departments of Insurance provide consumers with online licensing search capabilities to ensure the appropriate licenses are maintained, up-to-date and whether or not there outstanding consumer complaints, fines, suspensions or revocations. [National Insurance Producer's Registry Look Up](#).
- Look for industry certifications such as Certified Long-Term Care (CLTC), LTCP or Chartered Financial Consultant (ChFC), which indicate additional expertise in long-term care planning.

2. **Experience with Long-Term Care Insurance:**

- Choose a professional with experience in the long-term care insurance market. Longevity in the industry often indicates a deeper understanding of the complexities of long-term care planning.

3. **Knowledge of State Partnership Programs:**

- Given the specific features and regulations of State Partnership Long-Term Care Insurance, ensure that the insurance professional is well-versed in the details of your state's program.
- They should be able to explain how the State Partnership Program works, including the asset protection benefits and how they interact with Medicaid.

4. **Client References and Reviews:**

- Ask for references from clients who have purchased long-term care insurance through the professional. Hearing about others' experiences can provide insights into the agent's effectiveness and customer service.

5. **Independence and Product Options:**

- Consider working with an independent insurance professional who can offer a variety of long-term care insurance products from different carriers. This allows for a more tailored approach to your specific needs and preferences.

6. **Communication Style:**

- Choose an insurance professional who communicates clearly and is willing to take the time to answer your questions. Long-term care insurance is a significant financial decision, and you should feel comfortable with your agent.

7. Financial Stability of Insurance Companies:

- Inquire about the financial stability and ratings of the insurance companies the professional represents. A financially stable company is more likely to fulfill its commitments over the long term.

8. Fee Structure and Transparency:

- Understand the agent's fee structure. In many cases, insurance professionals are compensated by the insurance companies, but it's essential to have a clear understanding of any fees or commissions.
- Transparency is crucial, and a reputable agent will be upfront about how they are compensated.

9. Continuing Education:

- Long-term care insurance is a dynamic field with evolving products and regulations. Choose an insurance professional who invests in continuing education to stay up-to-date with industry changes.

10. Alignment with Your Goals:

- Ensure that the insurance professional takes the time to understand your financial goals, concerns, and preferences. They should be able to recommend policies that align with your unique situation.

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