

Date: \_\_\_\_\_

Long-Term Care Insurance

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

To Whom It May Concern,

This letter is to inform you of the death of:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

SSN: \_\_\_\_\_

Account Number: \_\_\_\_\_

According to the records we have available to us, the following insurance policy(ies), issued by your company are in effect.

Policy Number: \_\_\_\_\_

Policy Number \_\_\_\_\_

Enclosed you will find the following documents:

\_\_\_\_ Death Certificate

\_\_\_\_ Evidence to document my role

\_\_\_\_ Claim

\_\_\_\_ Other

Please advise me of any final benefits owed and the process for closing this policy. Should there be any premium refunds due, they should be sent to me at the address below. Should you need further information, please feel free to contact me.

Sincerely Yours,

My Contact Information

Name: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_