

9393

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	<b>2009</b>	<b>Long-Term Care and Accelerated Death Benefits</b>
		2 Accelerated death benefits paid \$	Form <b>1099-LTC</b>		
PAYER'S federal identification number	POLICYHOLDER'S identification number	3 Check one: <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount	INSURED'S social security no.	<b>Copy A</b> <b>For Internal Revenue Service Center</b> <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2009 General Instructions for Forms 1099, 1098, 5498, and W-2G.</b>	
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 (see instructions)	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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