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 VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross long-term care benefits paid	OMB No. 1545-1519 1997 Form 1099-LTC	Long-Term Care and Accelerated Death Benefits
		\$		
PAYER'S Federal identification number		POLICYHOLDER'S identification number		
		3 Check one: <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount		
POLICYHOLDER'S name		INSURED'S social security no.		
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 (optional) <input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill		
		Date certified		

Copy A
For
Internal Revenue
Service Center
File with Form 1096.

For Paperwork
Reduction Act Notice
and instructions for
completing this form,
see the
1997 Instructions for
Forms 1099, 1098,
5498, and W-2G.

Form **1099-LTC**

Cat. No. 23021Z

Department of the Treasury - Internal Revenue Service

Do NOT Cut or Separate Forms on This Page

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Gross long-term care benefits paid	OMB No. 1545-1519 1997 Form 1099-LTC	Long-Term Care and Accelerated Death Benefits
		\$		
2 Accelerated death benefits paid	INSURED'S social security no.			
\$				
PAYER'S Federal identification number	POLICYHOLDER'S identification number	3 <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount		
POLICYHOLDER'S name		INSURED'S name		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.
Street address (including apt. no.)		Street address (including apt. no.)		
City, state, and ZIP code		City, state, and ZIP code		
Account number (optional)		4 (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, 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 paid 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, for more information.

Per diem basis.—This means payments 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 this calendar year.

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

Box 3.—Shows whether the amount in box 1 was paid on a per diem basis or was reimbursement of actual long-term care expenses.

Box 4.—Shows whether the insured was certified chronically ill or terminally ill, and the date certified.

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Gross long-term care benefits paid	OMB No. 1545-1519 1997 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.	
		\$		
PAYER'S Federal identification number		INSURED'S name		Copy C For Insured Copy C is provided to you for information only. Only the policyholder is required to report this information on a tax return.
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)		3 <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount	Date certified	
		4 (optional) <input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill		

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 this calendar year.

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

Box 3.—Shows whether the amount in box 1 was paid on a per diem basis or was reimbursement of actual long-term care expenses.

Box 4.—Shows whether you were certified chronically ill or terminally ill, and the date certified.

VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross long-term care benefits paid	OMB No. 1545-1519 1997 Form 1099-LTC	Long-Term Care and Accelerated Death Benefits Copy D For Payer For Paperwork Reduction Act Notice and instructions for completing this form, see the 1997 Instructions for Forms 1099, 1098, 5498, and W-2G.
		\$		
PAYER'S Federal identification number POLICYHOLDER'S identification number		2 Accelerated death benefits paid	INSURED'S social security no.	
		\$		
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)		4 (optional) <input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill Date certified		

Form **1099-LTC**

Department of the Treasury - Internal Revenue Service

Payers, Please Note—

Specific information needed to complete this form and other forms in the 1099 series is given in the **1997 Instructions for Forms 1099, 1098, 5498, and W-2G**. A chart in those instructions gives a quick guide to which form must be filed to report a particular payment. You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676).

Furnish Copy B of this form to the policyholder by February 2, 1998.

Furnish Copy C of this form to the insured by February 2, 1998.

File Copy A of this form with the IRS by March 2, 1998.

