

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>2006</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>2006 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

**Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page**

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		<b>2006</b> Form <b>1099-LTC</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 <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount		INSURED'S social security no.		<b>Copy B</b> <b>For Policyholder</b> 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.
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 <input type="checkbox"/> Qualified contract (optional)	5 (optional)	<input type="checkbox"/> Chronically ill	Date certified		
			<input type="checkbox"/> Terminally ill			

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.** Generally, 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.

**Account number.** May show an account or other unique number the payer assigned to distinguish your account.

**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 if the amount in box 1 or 2 was paid on a per diem basis or was reimbursement of actual long-term care expenses. If the insured was terminally ill, this box may not be checked.

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

**Box 5.** May show if 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	
		\$	<b>2006</b>	Form <b>1099-LTC</b>
PAYER'S federal identification number    POLICYHOLDER'S identification number		2 Accelerated death benefits paid		
		\$	<b>3</b> <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount	
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)	<b>4</b> Qualified contract <input type="checkbox"/> (optional)	<b>5</b> (optional)	<input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill	Date certified

**Long-Term Care and Accelerated Death Benefits**

**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.

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.

**Account number.** May show an account or other unique number the payer assigned to distinguish your account.

**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 if the amount in box 1 or 2 was paid on a per diem basis or was reimbursement of actual long-term care expenses. If you are terminally ill, this box may not be checked.

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

**Box 5.** May show if 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  <b>2006</b> Form <b>1099-LTC</b>	<b>Long-Term Care and Accelerated Death Benefits</b>  <b>Copy D</b> <b>For Payer</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2006 General Instructions for Forms 1099, 1098, 5498, and W-2G.</b>
		\$		
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 (see instructions)		City, state, and ZIP code		
4 Qualified contract <input type="checkbox"/> (optional)		5 Check, if applicable: <input type="checkbox"/> Chronically ill    Date certified		
		<input type="checkbox"/> Terminally ill		

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 to complete Form 1099-LTC are the 2006 General Instructions for Forms 1099, 1098, 5498, and W-2G, and the 2006 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 paper forms are scanned during processing, you cannot file Form 1096, 1098, 1099, or 5498 that you download and print from the IRS website.*

**Due dates.** Furnish Copy B of this form to the policyholder by January 31, 2007.

Furnish Copy C of this form to the insured by January 31, 2007.

File Copy A of this form with the IRS by February 28, 2007. If you file electronically, the due date is April 2, 2007. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220, Specifications for Filing Forms 1098, 1099, 5498, and W-2G Electronically or Magnetically. IRS does not provide a fill-in form option.



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