Attention:

This form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. Do **not** file copy A downloaded from this website. The official printed version of this IRS form is scannable, but the online version of it, printed from this website, is not. A penalty may be imposed for filing forms that can't be scanned. See part O in the current General Instructions for Certain Information Returns for more information about penalties.

To order official IRS forms, call 1-800-TAX-FORM (1-800-829-3676) or Order Information Returns and Employer Returns Online, and we'll mail you the scannable forms and other products.

See IRS Publications 1141, 1167, 1179 and other IRS resources for information about printing these tax forms.

9393 ☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross long-term care benefits paid $	OMB No. 1545-1519 2015 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 taxpayer identification no.	Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2015 General Instructions for Certain Information Returns.
POLICYHOLDER'S name		3 Check one: ☐ Per diem ☐ Reimbursed amount		
		INSURED'S name		
Street address (including apt. no.)		Street address (including apt. no.)		
City or town, state or province, country, and ZIP or foreign postal code		City or town, state or province, country, and ZIP or foreign postal code		
Account number (see instructions)	4 Qualified contract ☐ (optional)	5 Check, if applicable: (optional) ☐ Chronically ill ☐ Terminally ill	Date certified	

Form **1099-LTC** Cat. No. 23021Z www.irs.gov/form1099ltc 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 or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross long-term care benefits paid $	OMB No. 1545-1519 2015 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 taxpayer identification no.	**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.
POLICYHOLDER'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		3 ☐ Per diem ☐ Reimbursed amount	INSURED'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code	
Account number (see instructions)	4 Qualified contract ☐ (optional)	5 (optional) ☐ Chronically ill ☐ Terminally ill	Date certified	

Form **1099-LTC** (keep for your records) www.irs.gov/form1099ltc 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. 525 and Form 8853, and its instructions for more information.

Per diem basis. This means the payments were made on any 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.

Policyholder's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

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.

Future developments. For the latest developments related to Form 1099-LTC and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/form1099ltc*.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross long-term care benefits paid $	OMB No. 1545-1519 2015 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 taxpayer identification no.	**Copy C** **For Insured**
POLICYHOLDER'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		3 ☐ Per diem ☐ Reimbursed amount	INSURED'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code	Copy C is provided to you for information only. Only the policyholder is required to report this information on a tax return.
Account number (see instructions)	4 Qualified contract ☐ (optional)	5 (optional) ☐ Chronically ill ☐ Terminally ill	Date certified	

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.

Insured's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

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.

Future developments. For the latest developments related to Form 1099-LTC and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/form1099ltc*.

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross long-term care benefits paid $	OMB No. 1545-1519 2015 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 taxpayer identification no.	**Copy D For Payer**
POLICYHOLDER'S name		3 ☐ Per diem ☐ Reimbursed amount		For Privacy Act and Paperwork Reduction Act Notice, see the **2015 General Instructions for Certain Information Returns.**
Street address (including apt. no.)		INSURED'S name		
City or town, state or province, country, and ZIP or foreign postal code		Street address (including apt. no.)		
		City or town, state or province, country, and ZIP or foreign postal code		
Account number (see instructions)	4 Qualified contract ☐ (optional)	5 Check, if applicable: (optional) ☐ Chronically ill ☐ Terminally ill	Date certified	

Instructions for Payer

To complete Form 1099-LTC, use:

- the 2015 General Instructions for Certain Information Returns, and
- the 2015 Instructions for Form 1099-LTC.

To order these instructions and additional forms, go to *www.irs.gov/form1099ltc* or call 1-800-TAX-FORM (1-800-829-3676).

Caution. Because paper forms are scanned during processing, you cannot file Forms 1096, 1097, 1098, 1099, 3921, 3922, or 5498 that you print from the IRS website.

Due dates. Furnish Copy B of this form to the policyholder by February 1, 2016.

Furnish Copy C of this form to the insured by February 1, 2016.

File Copy A of this form with the IRS by February 29, 2016. If you file electronically, the due date is March 31, 2016. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220, Specifications for Electronic Filing of Forms 1097, 1098, 1099, 3921, 3922, 5498, and W-2G. The IRS does not provide a fill-in form option.

Need help? If you have questions about reporting on Form 1099-LTC, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). Persons with a hearing or speech disability with access to TTY/TDD equipment can call 304-579-4827 (not toll free).