

# Long-Term Care Insurance Comparison Worksheet

If you decide long-term care insurance is right for you, use this worksheet to compare various policies. Call the TDI Consumer Help Line or visit our website to learn a company's financial rating, complaint index, and company license status.

<b>Company information (Insert company name )</b>						
Telephone number						
Financial rating						
Consumer complaint index						
Company licensed in Texas (yes or no)						
Number of years in business						
Policy form number						
Number of years selling policy form						
<b>Premium amounts</b>						
Premium without riders and discounts	\$		\$		\$	
Premium with home health care	\$		\$		\$	
Premium with inflation protection	\$		\$		\$	
Premium with nonforfeiture benefit	\$		\$		\$	
Premium for optional rider	\$		\$		\$	
Premium for optional rider	\$		\$		\$	
Discounts you qualify for						
Premium with riders and discounts	\$		\$		\$	
<b>Policy benefits</b>						
Years of coverage provided						
Total lifetime benefit	\$		\$		\$	
Pre-existing condition wait period (yes or no)						
Benefits adjusted for inflation protection (yes or no)						
Tax-qualified policy (yes or no)						
<b>Policy services</b>						
Nursing home care (yes or no)						
Assisted living facility care (yes or no)						
Home health care (yes or no)						
<b>Daily and monthly policy limits</b>						
	Daily	Monthly	Daily	Monthly	Daily	Monthly
Nursing home care	\$	\$	\$	\$	\$	\$
Assisted living facility care	\$	\$	\$	\$	\$	\$
Home health care/adult day care	\$	\$	\$	\$	\$	\$
<b>Elimination periods (List number of days for each )</b>						
Nursing home care						
Home health care						