

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.

Company Information (insert company name)			
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			
Premium Amounts			
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	\$	\$	\$
Benefits the Policy Provides			
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)			
Services the Policy Provides			
Nursing home care (yes or no)			
Assisted living facility care (yes or no)			
Home health care (yes or no)			
Daily and Monthly Policy Limits			
	Daily	Monthly	Daily
			Monthly
Nursing home care	\$	\$	\$
Assisted living facility care	\$	\$	\$
Home health care/adult day care	\$	\$	\$
Elimination Periods (list number of days for each)			
Nursing home care			
Home health care			