Instructions for Assignment of Benefits

Once your plan of care has been established, you may want to assign benefits directly to your provider. Payments are typically made to you, the claimant, for expenses incurred. However, claimants have the option to request direct payment to certain home care agencies or facilities. With this option, called assignment of benefits (AOB), invoices are submitted directly to Long Term Care Partners by the provider, and payments are made directly to the provider.

Please note that an AOB is only available for home care agencies and facilities within the United States. You may want to verify with your provider if they accept an AOB.

- 1. In order to assign benefits directly to your provider, please complete the attached AOB form.
- 2. On the reverse of the AOB form is a W-9 form that your provider must complete. Only one AOB form and one W-9 form are required per provider per claim.
- 3. Either you or your provider can submit the completed AOB and W-9 forms to us:

Long Term Care Partners, LLC P.O. Box 797 Greenland, NH 03840-0797

Fax: 1-866-513-2674



Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)													
	Business name/disregarded entity name, if different from above													
	Check appropriate box for federal tax classification: Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate						Exemptions (see instructions):							
	Individual/sole proprietor 0 corporation 0 corporation 1 articlship Individual/sole						Exempt payee code (if any)							
	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶							Exemption from FATCA reporting code (if any)						
	☐ Other (see instructions) ►													
	Address (number, street, and apt. or suite no.) Requester's name a					and address (optional)								
	City, state, and ZIP code													
	List account number(s) here (optional)													
Par	t I	Taxpayer Identification Number (TIN)												
								ecurity number						
to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a														
resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>						-		-						
TIN or			. u											
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose				Employ	er id	er identification number								
numbe	er to	enter.] [
					-									
Part	Ш	Certification	•	•		•			•					
Under	pena	alties of perjury, I certify that:												
1. The	e nun	nber shown on this form is my correct taxpayer identification number (or I am waiting for	a numbe	to be	issu	ed to m	ne), aı	nd						
Ser	rvice	t subject to backup withholding because: (a) I am exempt from backup withholding, or (b (IRS) that I am subject to backup withholding as a result of a failure to report all interest er subject to backup withholding, and												
3. I ar	n a L	J.S. citizen or other U.S. person (defined below), and												
4. The	FAT	CA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportin	ig is corre	ct.										
becau interes genera	se yo st pai ally, p	on instructions. You must cross out item 2 above if you have been notified by the IRS the bulk have failed to report all interest and dividends on your tax return. For real estate transmotion, acquisition or abandonment of secured property, cancellation of debt, contributions to buyments other than interest and dividends, you are not required to sign the certification, is on page 3.	actions, it o an indiv	em 2 c idual re	does etirer	not app nent ar	oly. For	or mo	rtgag t (IRA)	e , and	-			
Sign Here	,	Signature of U.S. person ► Da	ate ►											

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Assignment of Benefits Form

Insured's name	
First name M.I. Last name	
This Assignment of Benefits (AOB) form is used to assign benefits directly to your provider.* Once your place of care has been established, you may submit the completed form. Your provider must also complete and submit the attached W-9 form. Only one AOB form and one W-9 form are required per provider per claim.	ın
The AOB ends when the claim ends. If a new claim is opened, a new AOB form must be submitted after a plan of care has been established.	
In order to cancel an AOB, a letter, signed by the insured or the insured's legal representative, must be submitted requesting that reimbursement be issued to the insured.	
*An AOB is only available for home care agencies and facilities within the United States.	
Provider information (where payment is to be sent)	
Facility/agency or provider name	
Federal Employer Identification number	
Payment address	_
City State	_
Zip Phone number	
Assignment of Benefits I authorize payment to be paid to the provider shown above for long term care insurance benefits otherw payable to me. I understand I am financially responsible to the named provider for the charges not paid payable under the Federal Long Term Care Insurance Program. I understand that Long Term Care Partne may not be able to honor this request. If they cannot, they will pay the benefits directly to me as the insurance	or rs
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. I certify that the information furnished in support of this claim is true and correct.	
Signature (the insured's or the insured's legal representative)	
(Required)	
Date signed//(Required: mm/dd/yy)	

