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SHOPPING FOR LONG-TERM CARE INSURANCE

Barbara R. Rowe, Ph.D.

**Professor and Family Resource Management Extension Specialist
Utah State University**

Long-term care refers to a comprehensive range of medical, personal, and social services designed to meet the needs of chronically ill and disabled persons. These services are designed to meet needs over an extended period of time and may be delivered in the home, in a community-based program such as an adult day care center, or in a nursing home. What many people don't understand is that standard health insurance policies, Medicare, and Medicare-supplement ("Medigap") policies cover little in the way of long-term care expenses. That is why the private insurance industry is now offering long-term care insurance policies.

Not everyone should or can get a long-term care insurance policy. For some, a long-term care policy is an affordable and attractive form of insurance which allows them to protect assets for their spouse and children. For others, the cost is too great and the insurance benefits they can afford are insufficient for their needs. Not all potential buyers can qualify for long-term care insurance because of age and health status restrictions. Each person should carefully examine his or her needs and resources to decide whether long-term care insurance is appropriate for them.

Who Sells Long-Term Care Insurance?

Private insurance companies sell long-term care policies. They may sell them to individuals using sales agents or sometimes through the mail without using agents. Some companies sell coverage through senior citizen organizations, fraternal societies, continuing care

retirement communities and other groups. Some employers now offer long-term care policies to their employees, their employees' parents, and their retirees. The last few pages of this publication contains a list of the companies that are authorized to sell long-term care insurance in Utah.

Should You Buy Long-Term Care Insurance?

Your decision whether or not to purchase long-term care insurance, and if so, which policy to select, should be based on a number of factors: First, your assessment of your chances of needing this kind of care. Second, what services exist in your community that can help you live independently? Third, which of these services are you eligible to receive or can afford to purchase? Fourth, what other resources are available to you, especially family support? Finally, can you pay the monthly premium with no more than 5% to 7% of your income? Premiums will make up a larger and larger portion of your budget if they increase faster than your future income. If paying the premiums is going to cause you financial hardship, you should carefully consider your alternatives. You could spend years paying on a policy that becomes too expensive just at the point in your life when you need it most.

Who Should You Buy Insurance From?

For a variety of reasons, consumers have little assurance that the company they buy from today will pay

their nursing-home bill 15 or 20 years from now. In the four years between a 1988 Consumers Report investigation of long-term care insurance providers and 1991, one quarter of the companies that were rated were no longer selling long-term care insurance (“An empty promise to the elderly,” June, 1991).

If you are interested in purchasing long-term care insurance, begin by evaluating the financial stability and soundness of the companies you are considering. The best companies are often the largest companies that have sold the most policies and been in the long-term care insurance business for some period of time. You can also use independent rating services to judge insurance providers. You can find these resources in the reference section of your local library. Look for an A+ rating from A.M. Best (www.ambest.com/ 908-439-2200) and no less than an AA rating from Standard & Poors (www.standardandpoors.com/ 212-208-1527) or Weiss Research Inc. (www.weissratings.com/ 800-289-9222).

Be an informed consumer. There are no standardized long-term care policies. Many companies are writing policies and many combinations of benefits and coverages are available. Be aware that even agents selling long-term policies can be confused by what is and is not covered. Once you narrow your choice to two or three good insurance companies, read the policies very carefully. Do not just read the marketing materials, but read the policy contract as well. You are legally bound by the policy contract, not the marketing materials or the agent’s word. Policies vary as do people’s situations. **Buy a policy that meets your individual circumstances.**

What Is Covered by Long-Term Care Insurance?

If you buy a long-term care policy, you’ll want to be sure that you have coverage for a variety of long term care services. Some policies cover only stays in nursing homes. Others cover only care in your home. Still others cover both nursing home and personal care services provided at home. In addition, some policies will cover services offered by adult day care centers, assisted living or other community-based facilities.

Nursing home coverage usually means the policy will pay for all three types of care provided by nursing homes—skilled care (daily nursing and rehabilitative care that is based on a doctor’s orders and performed only by,

or under the supervision of trained medical personnel);¹ intermediate care (occasional nursing and rehabilitative care that is based on a doctor’s orders and performed only by, or under the supervision of, trained medical personnel), and custodial care (care based on a doctor’s orders that is primarily for the purpose of meeting personal needs such as help in eating, bathing dressing and walking. Custodial care may be performed by personnel who do not have professional medical training.)

A policy that covers only skilled nursing care is not very useful, since most people who need nursing home care do not need skilled care for an extended period of time, if at all. Some policies cover intermediate or custodial care only if you receive skilled care or are admitted to a hospital first. This is a serious limitation. Some newer policies make no distinction among the three types of nursing home care and will pay for any care you need, provided you meet their eligibility requirements. Read the language of the policy carefully to see which type(s) of care are covered.

Home health care coverage is less straightforward. Some policies pay benefits only for skilled nursing care performed in your home by registered nurses, licensed practical nurses, occupational, speech, or physical therapists. Other policies only cover the services of home health aides employed by licensed home care agencies. More rare are policies that pay for someone to come to your home and cook meals or run errands. Since you never know which kind of care you will eventually need, it is best to look for a policy that pays for many types of home care services.

Where Is Service Covered?

It is not enough to know what services are covered, you also need to know *where* services are covered. If you are not in the right type of facility, the insurance company can refuse to pay. The most liberal policies provide for care in *any* state-licensed facility. Others tend to limit the kinds of facilities where you can receive care. For example, many will not cover custodial care unless it’s provided in a skilled or intermediate nursing facility. Others list by name the kind of facilities they will and will not cover. Some policies explicitly state

¹Medicare and Medicaid have their own definitions of skilled nursing care. They don’t necessarily match the definitions found in long-term care policies.

they will cover stays in an assisted living facility. Others may or may not cover assisted living as part of an “alternative plan of care.” Some will say the facility must care for a certain number of patients or require a staff member to be on the premises 24 hours a day, have a doctor on call, and the facility must be able to supervise medications. Check these requirements very carefully.

Sometimes a policy’s requirements differ from the state’s licensing requirements and you find yourself with a policy that won’t pay for custodial care in a particular facility even though your state has licensed that facility to provide custodial care. Some Medicare-certified facilities may not be eligible for payment for skilled nursing care under a long-term care policy, so you need to check.

What Do Long-Term Care Policies Cost?

The actual premium you will pay depends on many factors, including your age at the time you apply, the level of benefits you choose, and the length of time you are willing to wait until benefits begin.

Age. Most insurance companies do not offer long-term care insurance to people younger than age 50. Exceptions include employer-provided long-term care insurance plans and a small number of new offerings from private insurers. Most companies will not sell coverage to people 80 years of age or older. According to some elder-law attorneys, the best time to buy is when you are in your mid-50s to mid-60s. A 55-year old buying an average policy today might pay about \$800 a year in premiums. A 75-year old would pay over \$3000 per year for the same policy.

Unless you choose inflation protection at the time you buy the policy, you will most likely face increasingly higher annual premiums. Once a policy is issued, the premium is supposed to remain the same regardless of deteriorating health, claims filed, or increasing age, except for across-the-board increases for all policyholders your age who bought the same policy. Therefore, the younger you are when you first buy a policy, the lower your annual premium will be, but you will pay premiums for a longer period of time. And, you will pay higher premiums when the company makes across-the-board increases for your class of policyholders

Benefits. The premium is directly affected by the size of the daily benefit and the length of time benefits will be paid. In general, long-term care policies limit

benefits to a maximum dollar amount payable per day or a maximum number of days. They often have separate benefit limits applied to nursing home and home health care within the same policy. For example they may offer five years of nursing home coverage and two years of home health care coverage.

There are two ways companies define a policy’s maximum benefit period. Under one definition, a policy may offer a one-time maximum benefit period. Under this definition, a policy with five years of nursing home coverage would pay just once in a policyholder’s lifetime. Other policies offer a maximum benefit period for each “period of confinement.” Under this definition, a policy with a five-year maximum benefit period would cover more than one nursing home stay lasting up to five years each if the stays were separated by six months or more. The term “restoration of benefits” refers to a feature found in some policies where your full benefit is restored if you are in a nursing home for less than your entire benefit period.

Elimination or deductible periods. This refers to the number of days you must be in residence at a nursing home or the number of home care visits you must receive before policy benefits begin. Most policies offer a choice of deductible periods for nursing home care ranging from 0 to 100 days. A 20-day elimination period means that your policy will begin paying benefits on the 21st day provided you meet all other requirements. The longer the elimination period, the lower the premium. During the elimination period, you’ll have to cover the cost of nursing care yourself. That means you will have to weigh the trade-off between paying a higher premium for a policy that covers you soon after entering a nursing home or paying out of your own pocket for the first few months you spend there.

What Is NOT Covered?

All policies have “gatekeepers”—restrictions that determine whether or not you are eligible for benefits. Just because you have a policy doesn’t mean you will actually receive benefits. In your policy, you’ll find these discussed in a section called “eligibility for benefits” “qualifying for benefits,” or “benefit conditions.” There are wide variations among policies when it comes to gatekeepers. Some policies contain more than one of these restrictions.

Under some policies, you'll qualify for benefits if your doctor orders care. Another type of gatekeeper requires that care be medically necessary for sickness and injury. So if you need nursing home care, but are not sick or injured, you may not qualify for benefits. An insurance company doctor usually determines whether you are sick or injured.

Most insurance companies will require that a period of time passes before they pay for care related to a health problem you had when you became insured. Such health problems are called *preexisting conditions*. Most policies exclude coverage of preexisting conditions for six months. If you need long-term care for a condition for which treatment was either under way or had been recommended before you took the policy, you may be denied benefits. Alcoholism and drug use are usually not covered, along with illnesses caused by an act of war or as the result of an attempted suicide or intentionally self-inflicted injury.

Another type of gatekeeper requires that you be unable to perform a certain number of "activities of daily living," commonly referred to as ADLs. There are seven of them—bathing, dressing, walking, moving from bed to chair, using the toilet, maintaining continence and eating.

Some policies also have a gatekeeper for mental or nervous disorders. A family history of Alzheimer's and Parkinson's disease may exclude you from coverage under some, but not all, long-term care policies. Even though insurance regulators require policies to cover Alzheimer's disease, a policyholder who has the disease may still be denied benefits if she or he is physically able to perform the activities of daily living specified in the policy. Some policies say you must be unable to perform three out of the seven before you qualify as disabled; others choose six activities and say you must fail to perform two or three of them; still others pare the list to five and say policyholders must be unable to perform two of them. Carefully study the policy before you buy because there is a big difference among companies when it comes to deciding if the company will pay or deny benefits.

Most long-term care policies will exclude coverage for expenses outside the United States, dental treatments unless due to accidental injury, and expenses caused by non-organic psychological disorders such as anxiety and depression. If your policy excludes care outside your local area, you will not be covered for any services you need while staying with a family member or

friend in another part of the country, while at a vacation home, or while traveling on vacation.

Features of Long-Term Care Insurance Policies

Carefully read the provisions of the policy you are considering buying. Because policies for long-term care vary so much, *even the agent's answers to your questions may not be right*. Be sure that you understand the definition of any language explaining what expenses are covered or not covered. Most long-term care policies offered today include the options and provisions detailed below. A comparison checklist to help you evaluate different policies follows this section to assist you in making your personal decision about long-term care insurance and finding the best policy to fit your needs.

Renewability

Most long-term care policies are guaranteed renewable; they cannot be canceled as long as you pay your premiums on time and as long as you have told the truth about your health on the application (more on this below). Check for this provision carefully. The renewability provision is normally found on the first page of the policy and specifies the conditions under which the policy can be canceled and when premiums may increase. The insurance company should never have the sole option of canceling the policy.

Waiver of Premium

Some long-term care policies will allow you to stop paying premiums during the time you are receiving benefits. Read the policy carefully to see if there are any restrictions on this provision, such as a requirement to be in a nursing home for any length of time (usually three to six months) before premiums are waived. Once you are discharged, the premiums will resume. This type of provision could save you money while you are receiving care.

Non-forfeiture benefits

Non-forfeiture benefits return to policyholders some of their investment in a policy if they drop their coverage after a number of years. Without a non-forfeiture benefit, your loss could be substantial if you drop the policy in 10 or 20 years without using any of the policy's coverage. The company may offer the policyholder a reduced benefit paid-up policy in which part of the

benefits are payable after they drop the coverage. Other insurance companies may offer a return of premium benefit under which they return all or a portion of the premiums.

Death benefits

Not all policies offer death benefits. Death benefits refund to your estate any premiums paid minus any benefits the company paid on your behalf. To receive these benefits, you must have paid premiums for a number of years. At some companies, death benefits are payable only if the policyholder dies before a certain age, usually 65 or 70. Adding a death benefit provision can increase the cost of a policy.

Inflation Coverage

Inflation protection can be one of the most important selections you make on a long-term care policy. You may be hesitant to purchase inflation coverage, since it adds between 25 to 40 percent to a policy's cost. However, unless your policy provides a way for your daily benefit to increase, years from now you may find yourself needing nursing home care but owning a policy that pays only a quarter of the total cost of nursing home services.

Insurance companies use two methods to add inflation protection to their policies. Some allow you to buy additional coverage every few years at the current price the company is charging. You'll pay a new premium based on your age at that time. This allows the price of buying additional coverage to go up rapidly.

The second way insurers offer inflation protection is to provide for automatic benefit increases. The daily benefit increases by a fixed percentage for a certain period of years. Even though the automatic increases are a fixed percentage amount, the dollar amount of the increases from year to year will differ, depending on whether the inflation adjustment is "simple" or "compounded." Compounding can mean a big difference in the size of your benefit. An \$80 daily benefit that increases by a simple 5% a year will be worth \$60 in 20 years, but if it is compounded, it will be worth \$212.

Disclosure

If you decide to purchase long-term care insurance, filling out your medical history completely and

accurately on the application is very important. It is used by the insurance company in assessing your eligibility for coverage. Some companies will examine your current medical records and ask for a statement from your doctor. If the salesperson completes the application form for your long-term care policy, read it over carefully before you sign and change any entries that are not 100% correct. Never guess. Do not answer a question unless you understand it. It is not easy to remember every illness you ever had and when you had it. It is better to state that *you cannot recall and provide the name and address of the doctor whose records would have the necessary information* than to say that you do not know. Some insurance carriers will not investigate your health history until you file a claim and then they will go over your record with a fine tooth comb, looking for every conceivable reason why they should deny benefits. If you have made a full and complete disclosure, the insurance company cannot legally deny coverage.

Shopping Around

Long-term care insurance policies vary considerably in costs and benefits. Shop around and compare. Check with several companies and agents before you buy. Be sure to evaluate benefits, the types of facilities you have to be in to receive coverage, the limitations of coverage, the exclusions, and the premiums. Take your time. Don't let anyone pressure or scare you into making a quick decision. Ask the agent to give you a written outline of the coverage you will be buying. Then make sure that you know what the policy covers and what it does not. If you have questions the agent cannot answer, call or write to the company and ask your questions. When you receive your policy, read it again and make sure it provides the coverage you want. If you decide you do not want the policy after you purchase it, you can cancel the policy and get a full refund if you do so within 30 days. This is called a "free-look" provision.

Answering the following questions can help you compare policies and make an informed decision.

Long-Term Care Policy Checklist

Benefits	Policy 1	Policy 2	Policy 3
What levels of care are covered by the policy? Skilled nursing care? Intermediate care? Personal/custodial care?			
Does the policy pay for any nursing home stay regardless of the level of care you receive? If not, what levels are excluded?			
Does the policy pay for care in any licensed facility? If not, what are the restrictions on where you can obtain care?			
Does the policy provide home care benefits for: skilled care? Care given by home health aides? Homemaker services?			
Does the policy pay for care received in: Adult day care centers? Community centers? Assisted living facilities?			
Are there limits on the number of days (or visits) per year for which benefits will be paid? If so, what are the limits for: Nursing home care? Home care (days or visits)? Assisted living facility?	___ days	___ days	___ days
What is the length of the benefit period you are considering?	___ days	___ days	___ days
Are there limits on the amounts the policy will pay during your lifetime? If so, what are the limits for: Nursing home care? Home care? Assisted living facility? Total lifetime limit?			
Does the policy have inflation protection?	Yes/No	Yes/No	Yes/No
Are you allowed to buy additional increments of coverage?	Yes/No	Yes/No	Yes/No
If so, when can you buy additional coverage? How much can you buy? When can you no longer buy additional coverage?			
Are benefits increased automatically? If so, what is the amount of the increase? Is this a simple or compound increase? When do automatic increases stop?			

Benefits	Policy 1	Policy 2	Policy 3
If you buy inflation coverage, what daily benefit would you receive for Nursing home care? 5 years from now? 10 years from now?			
What daily benefit would you receive for home care 5 years from now? 10 years from now?			
After the limits have been reached for inflation adjustments, what is the maximum benefit you will receive for: Nursing home care? Home care? Assisted living facility?			
Is there a waiver-of-premium provision? If so, how long do you have to be in a nursing home before it begins?			
Does the policy have a nonforfeiture benefit? If so, what kind?	Yes/No	Yes/No	Yes/No
Does the policy have a return of premium benefit?			
Does the policy have a death benefit? If so, are there any restrictions before the benefit is paid?	Yes/No	Yes/No	Yes/No
How long is the elimination or waiting period before benefits begin for Nursing home care? Home health care? Assisted living facility?	___ days	___ days	___ days
How long will it be before you are covered for a pre-existing condition? How far back will the company look in your medical history to determine a pre-existing condition?			
Which gatekeeper(s) does the policy use to determine eligibility for benefits? Doctor certification? Medical necessity? Failure to perform activities of daily living (ADLs)? Prior hospital confinement?			
If the policy uses an ADL gatekeeper, are ADLs spelled out clearly and does the policy specify what is meant by failure to perform one?	Yes/No	Yes/No	Yes/No
Is there a separate trigger for qualifying for benefits if you have suffered a cognitive impairment, such as Alzheimer's disease?	Yes/No	Yes/No	Yes/No

Benefits	Policy 1	Policy 2	Policy 3
What does the policy cost? What is the monthly premium excluding all riders? What is the monthly premium if home care is covered? What is the annual cost of the inflation rider? What is the annual cost of a nonforfeiture benefit?			
Is there any discount if you and your spouse both buy policies? If so, what is the amount of the discount? Do you lose the discount when one spouse dies?			

Where to Go for More Information

In addition to consulting with a financial planner, an accountant or an attorney to get answers for specific questions, you can check with the following agencies for information on long-term care insurance.

American Association of Retired Persons (AARP), 1909 K Street, NW/ Washington, DC 20049. This organization has been supplying helpful information to seniors for years. Many of their publications are now available on the Internet at www.aarp.org.

Aging & Adult Services. The Aging Services Program is responsible for the provision of services needed by the elderly as set forth in the Older Americans Act. This agency is funded by federal, state and local governments. There are regional offices throughout the state. The main office is Aging Services Administrative Office/ 120 North 200 West, Room 401/ Salt Lake City, UT 84103/ (801) 538-3910/ Fax (801) 538-4395.

Utah Department of Commerce. The Division of Consumer Protection responds to consumer complaints, investigates unfair or deceptive business practices, and provides consumer education to the citizens of the state. You can reach them at / 160 East 300 South, 2nd Floor/ Salt Lake City, UT 84145-0804/ (801) 530-6601/ FAX (801) 530-6001.

Utah Insurance Department. If you have questions about an agent, an insurance company, or long-term care insurance policy, contact the Consumer Services Department of the Utah Insurance Department/ 3110 State Office Building/ Salt Lake City, U 84114-1201 at (800) 439-3805 or (801) 538-3805.

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Polniaszek, S. (1992). *Insurance to pay for long-term care*. Washington, DC: United Seniors Health Cooperative.

**COMPANIES SELLING LONG TERM CARE
INSURANCE IN UTAH**

AIG LIFE INS CO
Long Term Care Division
P.O. Box 3001
Langhorne, PA 19047-9101
Telephone: 1-800-710-9876

ALLIANZ LIFE/LTC AMERICA
300 South Highway 169
Minneapolis, MN 55426
Telephone: 1-800-814-8841

AMERICAN FAMILY LIFE ASSURANCE CO OF
COLUMBUS (AFLAC)
1932 Wynnton Road
Columbus, GA 31999
Telephone: 1-800-992-3522
1-800-99-AFLAC

AMERICAN FIDELITY & LIBERTY INS CO
Customer Service Department
1800 Street Road
Warrington, PA 18976
Telephone: 1-800-659-9206

BANKERS LIFE AND CASUALTY CO
Policyholder Services
222 Merchandise Mart Plaza
Chicago, IL 60654-2001
Telephone: 1-888-282-8252

BANKERS UNITED LIFE ASSURANCE CO
American Independent Marketing
511 West A Street
Yakima, Washington 98902
Telephone: 1-800-672-7202
1-509-575-0290

COMBINED INS CO OF AMERICA
Priority One Customer Service
5050 N Broadway
Chicago, IL 60649
Telephone: 1-800-544-5531

CONSECO SENIOR HEALTH INS CO
11815 N Pennsylvania Street
Carmel, IN 46032
Telephone: 1-800-441-3978

CONTINENTAL GENERAL INS CO
8901 Indian Hills Drive
Omaha, NE 68124
Telephone: 1-800-545-8905

CONTINENTAL LIFE INS CO OF BRENTWOOD
TENNESSEE
Policyholder Services
101 Continental Place
Brentwood, TN 37027
Telephone: 1-800-264-4000

COUNTRY LIFE INS CO
Farm Bureau Financial Services
Gary Harms
5400 University Avenue
West Des Moines, IA 50266
Telephone: 1-515-225-5961

CUNA MUTUAL LIFE INS CO
Chris Johansson
2000 Heritage Way
Waverly, IA 50677
Telephone: 1-800-798-6600 Ext. 2141

EQUITABLE LIFE & CASUALTY INS CO
Carrie Backus
3 Triad Suite 200
Salt Lake City, UT 84180-1202
Telephone: 1-800-352-5124

FARMERS NEW WORLD LIFE INS CO
Fenina M. Fink
3003 77th Ave SE
Mercer Island, WA 98038
Telephone: 1-206-275-8056

FIRST COLONY LIFE INS CO
Shelly Morgan
1650 Los Gamos Drive
San Rafael, CA 94903
Telephone: 1-415-492-7691

FORTIS BENEFITS INS CO
Priya Barnes
333 West Everett
P.O. Box 2986
Milwaukee, WI 53201-2986
Telephone: 1-800-377-7311

GENERAL ELECTRIC CAPITOL ASSURANCE CO
1900 EAST Flamingo Ave. Suite282
Las Vegas, NV 89119
Telephone: 1-800-854-6286

GOLDEN RULE INS CO
Bruce Moon
7440 Woodland Drive
INDPLS, IN 46278-1719
Telephone: 1-800-265-7791 Ext. 7436

GREAT AMERICAN LIFE INS CO
250 East 5th Street
10th Floor
Cincinnati, OH 45202
Telephone: 1-800-771-2142

GREAT REPUBLIC LIFE INS CO
1900 West Nickerson Street Suite 200
Seattle, WA 98119-1650
Telephone: 1-800-388-7330

HARTFORD LIFE INS CO
W. Carter Murray
National Marketing Director, LTC
200 Hopmeadow Street
Simsbury, CT 06089
Telephone: 1-877-454-4582

IDS LIFE INS CO
Long Term Care Insurance Marketing
Telephone: 1-800-225-5437

JOHN HANCOCK LIFE INS CO
P.O. Box 111
Boston, MA 02117
Telephone: 1-800-543-6415

KANAWHA INS CO
National Marketing Office
6201 Presidential Court, Embassy Bldg
Fort Myers, FL 33919
Telephone: 1-800-526-2942

LIFE & HEALTH INS CO OF AMERICA
Jonathan Miller, VP Sales
2200 Walnut Street
Philadelphia, PA 19103
Telephone: 1-800-458-7493

LIFE INVESTORS INS CO OF AMERICA
Mary Robitaille
P.O. Box 93007
Hurst, TX 76053
Telephone: 1-800-370-5334

LIFE USA INS CO
Allianz Life/ LTC America
P.O. Box 1292
Minneapolis, MN 55440-1292
Telephone: 1-800-814-8841

LINCOLN BENEFIT LIFE CO
Kevin Luke
Communication & Sales Support
2920 South 84th Street
Lincoln, NE 68506
Telephone: 1-877-525-4582

MASSACHUSETTS MUTUAL LIFE INS CO
P.O. Box 4243
Woodland Hills, CA 91365-4243
Telephone: 1-888-505-8952

MEDAMERICAN INS CO/MEDAMERICAN ADMIN.
Joe Ibbetson
165 Court Street
Rochester, NY 14647
Telephone: 1-800-544-0327

MEDICO LIFE INS CO
1515 SO 75TH
Omaha, NE 68124
Telephone: 1-800-228-6080

METROPOLITAN LIFE INS CO/ LONG TERM CARE
GROUP
P.O. Box 937
Westport, CT 06881-0937
Telephone: 1-800-308-0179

MONUMENTAL LIFE INS CO
Mary Robitaille
P.O. Box 95308
Hurst, TX 76053
Telephone: 1-800-370-5334

MUTUAL OF OMAHA INS CO
Mutual of Omaha Plaza
Omaha, NE 68175
Telephone: 1-800-775-6000

MUTUAL PROTECTIVE INS CO
Mary Braymen-Washa
1515 South 75 Street
Omaha, NE 68124
Telephone: 1-800-228-6080

NATIONAL STATE INS CO
1830 Craig Park Court, Ste. 100
St. Louis, MO 63146
Telephone: 1-800-868-6788
1-314-878-0101

NEW YORK LIFE INS CO
98 San Jacinto Blvd. Suite 800
Austin, TX 78701
Telephone: 1-800-224-4582

NORTHWESTERN LONG TERM CARE INS CO
Terese J. Capizzi
720 E Wise Ave.
Milwaukee, WI 53202
Telephone: 1-414-299-1661

PENN TREATY NETWORK AMERICA INS CO
Marketing Department
3440 Lehigh Street
P.O. Box 7066
Allentown, PA 18105-7066
Telephone: 1-800-222-3469

PEOPLES BENEFIT LIFE INS CO
Robert Glowacki
Long Term Care Division
2705 Brown Trail
Bedford, TX 76021
Telephone: 1-800-698-7851

PFL LIFE INS CO
Customer Service
2705 Brown Tail
Bedford, TX 76021
Telephone: 1-800-538-0257

PHYSICIANS MUTUAL INS CO
Brett Harrison
5455 W 11000 N, Suite 105
Highland, UT 84003-8875
Telephone: 1-888-515-5389

PRUDENTIAL INS CO OF AMERICA
P.O. Box 931
Horsham, PA 19044-0931
Telephone: 1-800-732-0416

PYRAMID LIFE INS CO
Linda Fox
Pyramid Life
6201 Johnson Drive
Mission, KS 66202
Telephone: 1-800-777-1126 Ext. 174

REGENCE BLUECROSS BLUESHELD OF UTAH
David C. Dunford
P.O. Box 30270
Salt Lake City, UT 84130-0270
Telephone: 1-801-333-5579

SOUTHWESTERN LIFE INS CO
Debora Semons
717 N Harwood #24-03
Dallas, TX 75201
Telephone: 1-800-792-4368 Ext. 7321

STANDARD LIFE & ACCIDENT INS CO
Larry C. Wachter
9231 South Redwood Road
West Jordan, UT 84088-6570
Telephone: 1-801-566-6808

STATE FARM AUTOMOBILE INS CO
Life/Health Division
3001 8th Avenue
Greeley, CO 80638
Telephone: 1-877-213-0756

THE STATE LIFE INSURANCE CO
P.O. Box 4243
Woodland Hills, CA 91365-4243
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