

Beneficiary Change Form

This form is **only** for persons who:

- ▶ are currently enrolled in the Federal Long Term Care Insurance Program (FLTCIP) 3.0
- ▶ wish to update existing or designate new beneficiary(ies) for their FLTCIP plan

If you have questions regarding beneficiary information, call us at **1-800-LTC-FEDS** (1-800-582-3337)

TTY 1-800-843-3557 or visit **LTCFEDS.com/login** to access your account.

Personal Information

☐ Mr. ☐ Mrs. ☐ Ms.

First name M.I. Last name

Address line 1

Address line 2

City State/Territory

Country Zip/Foreign postal code

Gender

☐ Male ☐ Female

Home phone

Date of birth

Month Day Year

Mobile phone

Email

FLTCIP account number

U

or

Social Security number*

☐ Check here if you do **not** have a Social Security number (SSN)

* We use SSNs to obtain health information for underwriting purposes and during the claims process, issue LTC-1099s, and process payroll or annuity/pension deductions.

Beneficiary Change Form (continued)

Your Federal Long Term Care Insurance Program (FLTCIP) 3.0 coverage includes a refund of premium death benefit. The amount that may be available for this benefit is variable. If your coverage is in force on your date of death, any available amount will be paid to your designated beneficiary, your estate, or an alternative payee, as applicable. Use this form to update existing or designate new beneficiary(ies) for your FLTCIP plan.

☐ Check this box if you would like to designate 100% of this benefit to be paid only to your estate.

If you checked the box above, you may skip the remainder of the beneficiary section below and sign and date the form on page 4 and mail back to: Long Term Care Partners, LLC, P.O. Box 797, Greenland, NH 03840-0797.

or

If you would like to designate or update specific beneficiaries, continue below. If any of the required information is incomplete, no changes will be made to your existing beneficiary designations on file.

Please provide the following:

- ▶ all demographic information for each beneficiary listed
- ▶ an allocation percentage of at least 1% and no greater than 100% if more than one beneficiary is designated

Note: The total sum of all beneficiaries' allocation percentages must equal 100%. If any beneficiary predeceases you, unless you select another beneficiary, any amount payable on your death will be paid to the remaining beneficiaries.

If the above criteria is not met, or the provided information is not complete, no changes will be made to your existing beneficiary designations on file. If the information on this form meets the above criteria, it will replace any and all beneficiary information that we have on file. To complete your beneficiary information, please submit this form with the required information or visit LTCFEDS.com/login to access your account.

To designate specific beneficiaries, please fill out the form below.

Beneficiary 1

Please select the type of beneficiary you wish to designate for beneficiary 1 and provide the required information below.

☐ Individual ☐ Trust or organization ☐ Your estate*

*For estate, please provide only the allocation percentage in the designated box below.

For individuals, provide:	For trusts or organizations, provide:	Allocation percentage
<div>First name</div> <div>M.I. Last name</div> <div>Date of birth / / (mm/dd/yy)</div> <div>Social Security number or national ID</div> <div>Relationship to applicant</div>	<div>Trust or organization name</div> <div>Tax ID number</div> <div>Contact name or trustee</div>	<div>%</div>
<div>Address</div> <div>City State/Territory</div> <div>Country Zip/Foreign postal code</div> <div>Email</div> <div>Phone - -</div> <div>Phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Office</div>		

If you have any questions, please call 1-800-LTC-FEDS (1-800-582-3337) TTY 1-800-843-3557 for assistance.

Beneficiary Change Form (continued)

Beneficiary 2

Please select the type of beneficiary you wish to designate for beneficiary 2 and provide the required information below.

☐ Individual ☐ Trust or organization ☐ Your estate*

*For estate, please provide only the allocation percentage in the designated box below.

For individuals, provide:	For trusts or organizations, provide:	Allocation percentage
<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>First name</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>M.I. Last name</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>Date of birth / /</div> <div>(mm/dd/yy)</div> <div>Social Security number or national ID</div> <div>Relationship to applicant</div>	<div>Trust or organization name</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>Tax ID number</div> <div>Contact name or trustee</div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
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Beneficiary 3

Please select the type of beneficiary you wish to designate for beneficiary 3 and provide the required information below.

☐ Individual ☐ Trust or organization ☐ Your estate*

*For estate, please provide only the allocation percentage in the designated box below.

For individuals, provide:	For trusts or organizations, provide:	Allocation percentage
<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>First name</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>M.I. Last name</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>Date of birth / /</div> <div>(mm/dd/yy)</div> <div>Social Security number or national ID</div> <div>Relationship to applicant</div>	<div>Trust or organization name</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>Tax ID number</div> <div>Contact name or trustee</div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
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If you have any questions, please call 1-800-LTC-FEDS (1-800-582-3337) TTY 1-800-843-3557 for assistance.

Beneficiary Change Form (continued)

Beneficiary 4

Please select the type of beneficiary you wish to designate for beneficiary 4 and provide the required information below.

☐ Individual ☐ Trust or organization ☐ Your estate*

*For estate, please provide only the allocation percentage in the designated box below.

For individuals, provide:	For trusts or organizations, provide:	Allocation percentage
<div> <div>First name</div> <div> <div>M.I.</div> <div>Last name</div> </div> <div> <div>Date of birth</div> <div>/</div> <div>/</div> <div>(mm/dd/yy)</div> </div> <div>Social Security number or national ID</div> <div>Relationship to applicant</div> </div>	<div> <div>Trust or organization name</div> <div> <div>Tax ID number</div> <div>Contact name or trustee</div> </div> </div>	<div> <div>%</div> </div>
<div> <div>Address</div> <div> <div>City</div> <div>State/Territory</div> </div> <div> <div>Country</div> <div>Zip/Foreign postal code</div> </div> <div> <div>Email</div> <div> <div>Phone</div> <div> <div>Home</div> <div>Mobile</div> <div>Office</div> </div> </div> </div> </div>		

Note: The total sum of all beneficiaries' allocation percentages must equal 100%.

Total percentage _____ %
(The total sum must equal 100%.)

Maintaining accurate beneficiary information allows us to help expedite any available payment under the refund of premium death benefit to your designated beneficiary(ies). If the form criteria is not met, or the provided information is not complete, no changes will be made to your existing beneficiary designations on file. If the information on this form meets the required criteria, it will replace any and all beneficiary information that we have on file.

Enrollee's signature X _____ **Date signed** _____ / _____ / _____
(Required) (Required: mm/dd/yy)

Please return the completed form to Long Term Care Partners, LLC, P.O. Box 797, Greenland, NH 03840-0797.



The **Federal** Long Term Care Insurance Program™

The Federal Long Term Care Insurance Program is sponsored by the U.S. Office of Personnel Management, insured by John Hancock Life & Health Insurance Company, and administered by Long Term Care Partners, LLC.



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