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

Cover Sheet for the Submission of Faxed Documentation

Use this cover sheet when you fax Federal Long Term Care Insurance Program (FLTCIP) documentation to Long Term Care Partners, LLC, for review. Examples of FLTCIP documentation include invoices, proofs of payment, claims initiation and legal documents, aide notes.

Please include your claim number on each page. This will help us identify you even if the transmission did not submit entirely. We may need to contact you to resubmit the forms if pages are missing.

Be sure the pages you fax are facing the right way, faceup or facedown, according to the fax model you use. Placing pages the wrong way will result in us receiving blank pages.

On receipt, our Care Coordination and Claims team will review your submission. Please allow up to 10 business days for processing. Due to high volume in calls, we are unable to contact you via phone to confirm receipt.

Date: _____ **Number of pages, including this cover sheet:** _____

Claimant's name

First name M.I. Last name

Unique ID or claim number: _____

Legal representative's name

First name M.I. Last name

Claimant's current address

Address

City State Zip code

Phone

Email

Comments (provide any additional details that may be helpful to us as we review your documentation)

Please return your completed form by email to **claimsinfo@ltcpartners.com**, by fax to **1-866-513-2674** or by mail to **Long Term Care Partners, LLC, P.O. Box 797, Greenland, NH 03840-0797.**

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, under a group long term care insurance policy, and administered by Long Term Care Partners, LLC.

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