9393 ☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Gross long-term care benefits paid $ 2 Accelerated death benefits paid $	OMB No. 1545-1519 2012 Form **1099-LTC**	**Long-Term Care and Accelerated Death Benefits**
PAYER'S federal identification number	POLICYHOLDER'S identification number	3 Check one: ☐ Per diem ☐ Reimbursed amount	INSURED'S social security no.	**Copy A For Internal Revenue Service Center** **File with Form 1096.** For Privacy Act and Paperwork Reduction Act Notice, see the **2012 General Instructions for Certain Information Returns.**
POLICYHOLDER'S name		INSURED'S name		
Street address (including apt. no.)		Street address (including apt. no.)		
City, state, and ZIP code		City, state, and ZIP code		
Account number (see instructions)	4 Qualified contract (optional) ☐	5 Check, if applicable: (optional) ☐ Chronically ill ☐ Terminally ill	Date certified	

Form **1099-LTC** Cat. No. 23021Z Department of the Treasury - Internal Revenue Service

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☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Gross long-term care benefits paid $ 2 Accelerated death benefits paid $	OMB No. 1545-1519 2012 Form 1099-LTC	**Long-Term Care and Accelerated Death Benefits**
PAYER'S federal identification number	POLICYHOLDER'S identification number	3 ☐ Per diem ☐ Reimbursed amount	INSURED'S social security no.	**Copy B** **For Policyholder** This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this item is required to be reported and the IRS determines that it has not been reported.
POLICYHOLDER'S name Street address (including apt. no.) City, state, and ZIP code		INSURED'S name Street address (including apt. no.) City, state, and ZIP code		
Account number (see instructions)	4 Qualified contract (optional) ☐	5 (optional) ☐ Chronically ill ☐ Terminally ill	Date certified	

Form **1099-LTC** (keep for your records) Department of the Treasury - Internal Revenue Service

Instructions for Policyholder

A payer, such as an insurance company or a viatical settlement provider, must give this form to you for payments made under a long-term care insurance contract or for accelerated death benefits. Payments include those made directly to you (or to the insured) and those made to third parties.

A long-term care insurance contract provides coverage of expenses for long-term care services for an individual who has been certified by a licensed health care practitioner as chronically ill. A life insurance company or viatical settlement provider may pay accelerated death benefits if the insured has been certified by either a physician as terminally ill or by a licensed health care practitioner as chronically ill.

Policyholder's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS, and, where applicable, to state and/or local governments.

Long-term care insurance contract. Generally, amounts received under a qualified long-term care insurance contract are excluded from your income. However, if payments are made on a per diem basis, the amount you may exclude is limited. The per diem exclusion limit must be allocated among all policyholders who own qualified long-term care insurance contracts for the same insured. See Pub. 525 and Form 8853, and its instructions for more information.

Per diem basis. This means the payments were made on any periodic basis without regard to the actual expenses incurred during the period to which the payments relate.

Accelerated death benefits. Amounts paid as accelerated death benefits are fully excludable from your income if the insured has been certified by a physician as terminally ill. Accelerated death benefits paid on behalf of individuals who are certified as chronically ill are excludable from income to the same extent they would be if paid under a qualified long-term care insurance contract.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows the gross benefits paid under a long-term care insurance contract during the year.

Box 2. Shows the gross accelerated death benefits paid during the year.

Box 3. Shows if the amount in box 1 or 2 was paid on a per diem basis or was reimbursement of actual long-term care expenses. If the insured was terminally ill, this box may not be checked.

Box 4. May show if the benefits were from a qualified long-term care insurance contract.

Box 5. May show if the insured was certified chronically ill or terminally ill, and the latest date certified.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Gross long-term care benefits paid $ 2 Accelerated death benefits paid $	OMB No. 1545-1519 2012 Form **1099-LTC**	**Long-Term Care and Accelerated Death Benefits**
PAYER'S federal identification number	POLICYHOLDER'S identification number	3 ☐ Per diem ☐ Reimbursed amount	INSURED'S social security no.	**Copy C** **For Insured**
POLICYHOLDER'S name Street address (including apt. no.) City, state, and ZIP code		INSURED'S name Street address (including apt. no.) City, state, and ZIP code		Copy C is provided to you for information only. Only the policyholder is required to report this information on a tax return.
Account number (see instructions)	4 Qualified contract ☐ (optional)	5 (optional) ☐ Chronically ill ☐ Terminally ill	Date certified	

Form **1099-LTC** (keep for your records) Department of the Treasury - Internal Revenue Service

Instructions for Insured

A payer, such as an insurance company or a viatical settlement provider, must give this form to you and to the policyholder for payments made under a long-term care insurance contract or for accelerated death benefits. Payments include both benefits you received directly and expenses paid on your behalf to third parties.

If you are the insured but are not the policyholder, Copy C is provided to you for information only because these payments are not taxable to you. If you are also the policyholder, you should receive Copy B.

Insured's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS, and, where applicable, to state and/or local governments.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows the gross benefits paid under a long-term care insurance contract during the year.

Box 2. Shows the gross accelerated death benefits paid during the year.

Box 3. Shows if the amount in box 1 or 2 was paid on a per diem basis or was reimbursement of actual long-term care expenses. If you are terminally ill, this box may not be checked.

Box 4. May show if the benefits were from a qualified long-term care insurance contract.

Box 5. May show if you were certified chronically ill or terminally ill, and the latest date certified.

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.	**1** Gross long-term care benefits paid $	OMB No. 1545-1519 **2012** Form **1099-LTC**	**Long-Term Care and Accelerated Death Benefits**
	2 Accelerated death benefits paid $		

PAYER'S federal identification number	POLICYHOLDER'S identification number	**3** ☐ Per diem ☐ Reimbursed amount	INSURED'S social security no.	**Copy D** **For Payer**
POLICYHOLDER'S name Street address (including apt. no.) City, state, and ZIP code		INSURED'S name Street address (including apt. no.) City, state, and ZIP code		For Privacy Act and Paperwork Reduction Act Notice, see the **2012 General Instructions for Certain Information Returns.**
Account number (see instructions)	**4** Qualified contract (optional) ☐	**5** Check, if applicable: (optional) ☐ Chronically ill ☐ Terminally ill	Date certified	

Form **1099-LTC** Department of the Treasury - Internal Revenue Service

Instructions for Payer

General and specific form instructions are provided as separate products. The products you should use to complete Form 1099-LTC are the 2012 General Instructions for Certain Information Returns and the 2012 Instructions for Form 1099-LTC. A chart in the general instructions gives a quick guide to which form must be filed to report a particular payment. To order these instructions and additional forms, visit IRS.gov or call 1-800-TAX-FORM (1-800-829-3676).

Caution: *Because paper forms are scanned during processing, you cannot file Forms 1096, 1097, 1098, 1099, 3921, 3922, or 5498 that you print from the IRS website.*

Due dates. Furnish Copy B of this form to the policyholder by January 31, 2013.

Furnish Copy C of this form to the insured by January 31, 2013.

File Copy A of this form with the IRS by February 28, 2013. If you file electronically, the due date is April 1, 2013. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220, Specifications for Filing Forms 1097, 1098, 1099, 3921, 3922, 5498, 8935, and W-2G Electronically. IRS does not provide a fill-in form option.

Need help? If you have questions about reporting on Form 1099-LTC, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). For TTY/TDD equipment, call 304-579-4827 (not toll free). The hours of operation are Monday through Friday from 8:30 a.m. to 4:30 p.m., Eastern time.