Attention!

This form is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing. The printed version of this form is a "machine readable" form. As such, it must be printed using special paper, special inks, and within precise specifications.

Additional information about the printing of these specialized tax forms can be found in: Publication 1167, *Substitute Printed, Computer-Prepared, and Computer-Generated Tax Forms and Schedules;* and, Publication 1179, *Specifications for Paper Document Reporting and Paper Substitutes for Forms 1096, 1098, 1099 Series, 5498, and W-2G.*

The publications listed above may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS publication number.

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 **1998** 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.**
POLICYHOLDER'S name		INSURED'S name		
Street address (including apt. no.)		Street address (including apt. no.)		For Paperwork Reduction Act Notice and instructions for completing this form, see the **1998 Instructions for Forms 1099, 1098, 5498, and W-2G.**
City, state, and ZIP code		City, state, and ZIP code		
Account number (optional)		**4** (optional) ☐ Chronically ill ☐ Terminally ill	Date certified	

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

Do NOT Cut or Separate Forms on This Page

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.	**1** Gross long-term care benefits paid $	OMB No. 1545-1519 **1998** 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 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 (optional)		**4** (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, 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.

Long-term care insurance contract. 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. 502,** Medical and Dental Expenses, and **Form 8853,** Medical Savings Accounts and Long-Term Care Insurance Contracts, for more information.

Per diem basis. This means payments made on a 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.

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 whether the amount in box 1 or 2 was paid on a per diem basis or was reimbursement of actual long-term care expenses. This box may not be marked if the insured was terminally ill.

Box 4. May show whether 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 $	OMB No. 1545-1519 1998 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 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 (optional)		4 (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.

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 whether the amount in box 1 or 2 was paid on a per diem basis or was reimbursement of actual long-term care expenses. This box may not be marked if you are terminally ill.

Box 4. May show whether 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 **1998** 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** For Paperwork Reduction Act Notice and instructions for completing this form, see the **1998 Instructions for Forms 1099, 1098, 5498, and W-2G.**
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 (optional)		**4** (optional) ☐ Chronically ill ☐ Terminally ill	Date certified	

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

Payers, Please Note—

Specific information needed to complete this form and other forms in the 1099 series is given in the **1998 Instructions for Forms 1099, 1098, 5498, and W-2G.** A chart in those instructions gives a quick guide to which form must be filed to report a particular payment. You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676).

Due dates. Furnish Copy B of this form to the policyholder by February 1, 1999.

Furnish Copy C of this form to the insured by February 1, 1999.

File Copy A of this form with the IRS by March 1, 1999.