



BENEFIT SUMMARY SHEET

POLICY HOLDER NAME: _____

POLICY ID: _____

Company Name: _____

MEDICAL ELIGIBILITY:

- Tax-qualified policy? If this, then the medical eligibility will state “help with 2 of the 6 Activities of Daily Living” noted in the policy glossary OR “severe cognitive impairment that requires supervision”.
- Not Tax-qualified policy? If this, then you have to read in the contract to find out how a person is medically qualified for claim. Write the answer here:
- _____

PROVIDER ELIGIBILITY: Which of the following types of care will the policy pay?

- Home Care – there are many types. Mark below the ones the policy will allow:
- Independent, unlicensed home care provider
 - Independent, licensed home care provider
 - Unlicensed home care agency
 - Licensed home care agency
 - Licensed home health care agency
- Adult Day Care – licensed or unlicensed allowed?
- Assisted Living Facility
- Skilled Nursing Facility
- Respite – ask if there is a limit to number of respite days
- Hospice – ask if there are any limits on this? It might coordinate with Medicare or it might eliminate the deductible (elimination period or wait window) on the front end of a claim.

BENEFITS

Dollar amount _____ Is it per DAY, WEEK, or MONTH? _____

Total Pool of Money _____

Time Window _____

Elimination Period or Wait window _____ (Some policies have one number for home care and another for facility – ask for both).

Inflation Growth _____

Anniversary or effective date _____