**Partnership Status Disclosure Notice**

**Important Information Regarding Your [Policy’s] [Certificate’s]**

**Long-Term Care Insurance Partnership Status**

This disclosure notice is issued in conjunction with your long-term care policy:

Some long-term care insurance policies [certificates] sold in Washington qualify for the Washington Long-Term Care Insurance Partnership Program. Issuers voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies [certificates] that qualify as Partnership Policies [Certificates] may be entitled to special treatment, and in particular an “Asset Disregard,” under Washington’s Long-Term Care Medicaid program.

**Asset Disregard** means that an amount of the policyholder’s [certificateholder’s] assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy [Certificates] will be disregarded for the purpose of determining the insured’s eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy [Certificate] without affecting the person’s eligibility for Medicaid. All other Medicaid eligibility criteria will apply and special rules may apply to persons whose home equity exceeds $[500,000]. Asset Disregard is **not** available under a long-term care insurance policy [certificate] that is not a Partnership Policy [Certificate]. **The purchase of a Partnership Policy does not automatically qualify you for Medicaid.**

**Partnership Policy [Certificate] Status. Your long-term care insurance policy [certificate] is intended to qualify as a Partnership Policy [Certificate] under the Washington Long-Term Care Partnership Program as of your Policy's [Certificate’s] effective date.**

**What Could Disqualify Your [Policy] [Certificate] as a Partnership Policy.** If you make any changes to your [policy] [certificate], such changes could affect whether your [policy] [certificate] continues to be a Partnership Policy. ***Before you make any changes, you should consult with [insert name of issuer] to determine the effect of a proposed change.*** In addition, if you move to a State that does not maintain a Partnership Program or does not recognize your [policy] [certificate] as a Partnership Policy [Certificate], you would not receive beneficial treatment of your [policy] [certificate] under the Medicaid program of that State. The information contained in this Notice is based on current State and Federal laws. These laws may be subject to change.

**Additional Information.** If you have questions regarding your insurance policy [certificate] please contact [insert name of issuer.] If you have questions regarding current laws governing Medicaid eligibility, you should contact the Washington HealthCare Authority http://hca.wa.gov/contact.html.