Attachment V
1.5/3/50 and 2/2/100 Plans

Cumulative Report of Benefit Usage

(space for policyholder's or designee's name and address)

Date of Report:
Policy/Certificate Holder:
SSN:
Policy/Certificate #:
Quarter Reported: (MM/DD/YYYY to MM/DD/YYYY)

Dear :

Because you are a participating consumer in the New York State Partnership for Long-Term Care (NYSPLTC) program, we are providing you with this summary of benefits paid to date under your Partnership policy/certificate for qualified long-term care services. Amounts paid for qualified long-term care services are used to determine the amount of your protected assets for purposes of Medicaid Extended Coverage under the NYSPLTC.

- Total Dollar Amount of Insurance Benefits Received to Date for Qualified Long-Term Care Services:

  $_____

- Approximate Dollar Amount of Additional Insurance Benefits Available Under the Policy for Qualified Long-Term Care Services:

  $_____

If you have any questions about this report, please write or call us at [*toll free number of insurer here*].