

**FINAL POLICY/CERTIFICATE BENEFIT REPORT:**

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

Date of Report:  
Policy/Certificate Holder:  
SSN:  
Policy/Certificate #:  
Date of Benefit Exhaustion or Policy/Certificate Cancellation:

Dear \_\_\_\_\_ :

Because you are a participating consumer in the New York State Partnership for Long-Term Care (NYSPLTC) program, we are sending you this report to inform you of the final, total amount of insurance benefits paid on your behalf under your policy/certificate coverage for qualified long-term care services. Because this figure will be used in determining the amount of your protected assets under Medicaid Extended Coverage, you should give a copy of this report to the local Department of Social Services (LDSS) office where you applied or will apply for Medicaid Extended Coverage under the New York State Partnership for Long Term Care program.

- Final, Total Amount of Benefits Paid for Qualified Long-Term Care Services:

\$ \_\_\_\_\_

This report represents the last correspondence you will receive from us regarding your benefit payments as they pertain to Medicaid Extended Coverage.

If you have any questions about the information in this report or about your policy/certificate coverage, please write or call us at *[toll free number of insurer here]*. If you have any questions about your application or eligibility for Medicaid Extended Coverage in New York, please call your LDSS office listed in the blue pages of your telephone directory under County Government, Department of Social Services. If you live outside New York and need information or assistance about Medicaid Extended Coverage, please call the New York State Medicaid helpline at (518)486-9057.