

## ***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	OMB No. 1545-1519  <b>1999</b>  Form <b>1099-LTC</b>	<b>Long-Term Care and Accelerated Death Benefits</b>
		\$		
PAYER'S Federal identification number		POLICYHOLDER'S identification number		
		3 Check one: <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount		
POLICYHOLDER'S name		INSURED'S name		
Street address (including apt. no.)		Street address (including apt. no.)		
City, state, and ZIP code		City, state, and ZIP code		
Account number (optional)		4 (optional) <input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill	Date certified	

**Copy A**  
**For Internal Revenue Service Center**  
**File with Form 1096.**  
For Privacy Act and Paperwork Reduction Act Notice and instructions for completing this form, see the **1999 Instructions for Forms 1099, 1098, 5498, and W-2G.**

Form **1099-LTC**

Cat. No. 23021Z

Department of the Treasury - Internal Revenue Service

**Do NOT Cut or Separate Forms on This Page — 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  <b>1999</b>  Form <b>1099-LTC</b>	<b>Long-Term Care and Accelerated Death Benefits</b>
		\$		
PAYER'S Federal identification number    POLICYHOLDER'S identification number		2 Accelerated death benefits paid	INSURED'S social security no.	
		\$		
POLICYHOLDER'S name		3 <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount		<b>Copy B For Policyholder</b> 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.
Street address (including apt. no.)		INSURED'S name		
City, state, and ZIP code		Street address (including apt. no.)		
Account number (optional)		City, state, and ZIP code		
		4 (optional) <input type="checkbox"/> Chronically ill <input type="checkbox"/> 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  <b>1999</b>  Form <b>1099-LTC</b>	<b>Long-Term Care and Accelerated Death Benefits</b>
		\$		
2 Accelerated death benefits paid	INSURED'S social security no.			
\$				
PAYER'S Federal identification number	POLICYHOLDER'S identification number	3 <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount		
POLICYHOLDER'S name		INSURED'S name		<b>Copy C For Insured</b>  Copy C is provided to you for information only. Only the policyholder is required to report this information on a tax return.
Street address (including apt. no.)		Street address (including apt. no.)		
City, state, and ZIP code		City, state, and ZIP code		
Account number (optional)		4 (optional) <input type="checkbox"/> Chronically ill <input type="checkbox"/> 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  <b>1999</b>  Form <b>1099-LTC</b>	<b>Long-Term Care and Accelerated Death Benefits</b>
		\$		
PAYER'S Federal identification number    POLICYHOLDER'S identification number		2 Accelerated death benefits paid	INSURED'S social security no.	
		\$		
POLICYHOLDER'S name		3 <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount		<b>Copy D For Payer</b>  For Privacy Act and Paperwork Reduction Act Notice and instructions for completing this form, see the <b>1999 Instructions for Forms 1099, 1098, 5498, and W-2G.</b>
Street address (including apt. no.)		INSURED'S name		
City, state, and ZIP code		Street address (including apt. no.)		
Account number (optional)		City, state, and ZIP code		
		4 (optional) <input type="checkbox"/> Chronically ill <input type="checkbox"/> 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 **1999 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). You can also get forms and instructions from the IRS's Internet Web Site at **[www.irs.ustreas.gov](http://www.irs.ustreas.gov)**.

**Caution:** *Because the IRS processes paper forms by machines (optical character recognition equipment), you cannot file with the IRS Forms 1096, 1098, 1099, or 5498 that you print from the IRS's Internet Web Site.*

**Due dates.** Furnish Copy B of this form to the policyholder by January 31, 2000.

Furnish Copy C of this form to the insured by January 31, 2000.

File Copy A of this form with the IRS by February 28, 2000. If you file electronically, the due date is March 31, 2000.

