

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross long-term care benefits paid \$	OMB No. 1545-1519 Form 1099-LTC (Rev. October 2019)		Long-Term Care and Accelerated Death Benefits	
		2 Accelerated death benefits paid \$	For calendar year 20__			
PAYER'S TIN	POLICYHOLDER'S TIN	3 <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount		INSURED'S TIN		
POLICYHOLDER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		INSURED'S name, street address, city or town, state or province, country, and ZIP or foreign postal code				Copy B For Policyholder This is important tax information and is being furnished to the IRS. 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.
Account number (see instructions)	4 Qualified contract <input type="checkbox"/> (optional)	5 (optional) <input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill	Date certified			

Form **1099-LTC** (Rev. 10-2019) (keep for your records) www.irs.gov/Form1099LTC Department of the Treasury - Internal Revenue Service

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