Western & Southern Life
A member of Western & Southern Financial Group

Western-Southern Life Assurance Company
Annuity Operations PO Box 2918
Cincinnati, OH 45201-2918
For assistance, call 800.926.1702
Fax Number 513.362.2353

Long-Term Care Confinement Certificate

CONTRACT INFORMATION

CONTRACT NUMBER

OWNER NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER / TIN

ANNUITANT NAME (First, Middle, Last) - if different

SOCIAL SECURITY NUMBER

PHYSICIAN'S STATEMENT

Complete for Acclaim, Horizon, and MultiRate contracts

It is my recommendation that the Owner/Annuitant be confined in a Long-Term Care Facility. Such confinement is required because of an injury, sickness or disease.

PHYSICIAN NAME (Printed)

LICENSED STATE

Sign Here _____ Date _____
SIGNATURE OF PHYSICIAN

LONG-TERM CARE FACILITY STATEMENTS

Please have the following statements completed by an individual authorized to release such information.

FACILITY NAME

For all contracts

Is the Owner/Annuitant receiving Skilled Nursing or Intermediate Care services? ☐ Yes ☐ No

Over what period of time has the Owner/Annuitant been confined? **FROM (MM/DD/YYYY)** **TO (MM/DD/YYYY)**

Complete the following for Acclaim, Horizon, and MultiRate contracts

Is the facility named above: (1) a hospital licensed by the state; recognized by the Joint Commission on Accreditation of Hospitals; or certified as a hospital by Medicare; or, (2) a nursing home licensed by the state; or (3) a facility certified by Medicare as a long-term care facility? ☐ Yes ☐ No

Does this facility provide continuous 24 hours a day nursing care? ☐ Yes ☐ No

CERTIFICATION BY INDIVIDUAL AUTHORIZED TO RELEASE INFORMATION

NAME (First, Middle, Last)	TITLE	BUSINESS PHONE

Sign Here _____ Date _____

SIGNATURE OF AUTHORIZED INDIVIDUAL