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

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