



**PENN TREATY NETWORK AMERICA  
INSURANCE COMPANY<sup>SM</sup>**

**(Penn Treaty Network America Life Insurance Company<sup>SM</sup> in CA)**

**3440 Lehigh Street, P.O. Box 7066**

**Allentown, PA 18105-7066**

**(800) 362-0700**

**Long Term Care Comparison Form**

**To the Agent:** Please complete this form and submit with a completed Replacement Form.

Applicant's Name: \_\_\_\_\_

	<b>Proposed Coverage</b>	<b>Present Coverage</b>
1. Company Name	<u>Penn Treaty Network America</u>	_____
2. a. Does the plan cover Skilled, Intermediate and Custodial Care?	_____	_____
b. What is the daily benefit?	_____	_____
c. What is the benefit period?	_____	_____
d. Indicate the elimination period, if any?	_____	_____
3. a. Does the plan cover Home Health Care Services?	_____	_____
b. What is the daily benefit?	_____	_____
c. What is the benefit period?	_____	_____
d. Indicate the elimination period, if any?	_____	_____
4. a. Does the plan cover Homemaker Services?	_____	_____
b. What is the daily benefit?	_____	_____
c. What is the benefit period?	_____	_____
5. a. Is there a prior hospitalization requirement?	_____	_____
6. a. Does the plan have Inflation Protection?	_____	_____
b. If yes, is it simple interest or compound interest?	_____	_____
c. What is the percentage?	_____	_____
7. a. If the coverage is substantially similar, does the new plan provide a premium savings?	_____	_____
b. Indicate annual premium	_____	_____

I have reviewed this comparison and agree that the Penn Treaty Network America Insurance Company<sup>SM</sup> coverage being applied for is clearly and substantially better than the current insurance which is being replaced.

Agent Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Agent Number: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agent Signature: \_\_\_\_\_

COMP 1997-N

Home Office Copy (White) Applicant's Copy (Canary) Agent's Copy (Pink)

Kenneth Wheeler 60484