

Agent Order Form For ILTCIP Materials

Please make check payable to Department of Insurance (DOI)

Send the check and this completed form to:

**Indiana Department of Insurance
Indiana Long Term Care Insurance Program
311 W. Washington St., #300
Indianapolis, Indiana 46204
(317) 232-4391**

Please print legibly.

Name _____

Mailing Address _____

City, State, Zip _____

Daytime Phone _____

Please send me ____ of the ILTCIP Booklet at \$1.00 each, \$ Total _____
“What You Should Know About Long Term Care” is an easy-to-read
overview of ILTCIP and Long Term Care insurance. (7/11 edition)

Please send me ____ “Nursing Home Resident with a Spouse at Home” \$ Total _____
brochure (01/2012) at .05 each – Explains the spousal impoverishment
protection law.

Grand Total \$ _____