



## Cover Sheet for the Submission of Legal Documentation to the FLTCIP

Use this cover sheet when you submit legal documentation to the FLTCIP for review. Examples of legal documentation include power of attorney, guardianship, conservatorship, or estate documents. Please note the clarifications below:

- ▶ A variation of the durable power of attorney is a springing power of attorney. This type of power of attorney is not immediately effective upon signing. As the name implies, a springing power of attorney only springs to effectiveness when the insured becomes incapacitated. The document will specify the certification standard. **When submitting a springing power of attorney document, please also provide the documentation that is stipulated as being needed to render the document effective.**
- ▶ If a guardianship or conservatorship document lists a fiduciary agency, a corporate resolution should be submitted with the legal document, showing a list of individuals who are authorized to act on behalf of the fiduciary agency.

Upon receipt, our Compliance department will review your submission and consult, as needed, with our legal team. Please allow at least 10 business days for processing. Once the document has been reviewed, we will send a letter to the insured's address on file. If the document is approved, the approved legal representative may then contact us. If the document is not approved, the letter will explain what issue needs to be resolved.

When you call us at **1-800-LTC-FEDS** (1-800-582-3337) to proceed or ask questions, you will reach one of our Customer Service claim services consultants (CSC), who are trained to support our care coordination and claims process. Each time, the CSC will ask you to verify three facts: the insured's claim ID, unique ID, or Social Security number (or last four digits); date of birth; and address. This security check is required to protect private health information. Without it, Customer Service will not be able to provide support or refer calls. Once the security check is successfully completed, the CSC will ask how they may assist you.

Date: \_\_\_\_\_ Total number of pages, including this form: \_\_\_\_\_

### Insured's name

<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	M.I.	Last name

Insured's date of birth: \_\_\_\_\_ FLTCIP unique ID or claim number: \_\_\_\_\_

### Legal representative's name and contact information (please provide up-to-date information)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	M.I.	Last name

Relationship to the insured: \_\_\_\_\_

Address

<input type="text"/>	<input type="text"/>
City	State/Territory

<input type="text"/>	<input type="text"/>
Country	Zip/Foreign postal code

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Phone				Alternative Phone						

Email

Comments (for any additional details that may be helpful to us when reviewing your documentation)

\_\_\_\_\_

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Please return your completed form by fax to **1-866-513-2674** or by mail to **FLTCIP, Attn: FedPoint, P.O. Box 797, Greenland, NH 03840-0797.**