

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Comprehensive Coverage Assessment and Long-Term Care Evaluation

Dear [Policyholder Name],

We are writing to provide you with a summary of your recent Comprehensive Coverage Assessment. The purpose of this review is to ensure that your current insurance portfolio aligns with your evolving healthcare needs and financial goals, specifically regarding Long-Term Care (LTC) requirements.

Current Coverage Summary:

- **Policy Number:** [Policy Number]
- **Plan Type:** [Plan Name/Type]
- **Effective Date:** [Date]

Assessment Findings:

Based on our evaluation of your current health status and financial projections, we have identified the following regarding your Long-Term Care preparedness:

- **Daily/Monthly Benefit:** Your current plan provides [Amount] for covered services.
- **Elimination Period:** There is a [Number]-day waiting period before benefits commence.
- **Inflation Protection:** [Included / Not Included]
- **Benefit Duration:** [Number of Years / Lifetime]

Recommendations for Long-Term Care Planning:

To ensure you are fully protected against the rising costs of assisted living, home health care, or nursing facility services, we recommend the following adjustments:

- [Recommendation 1: e.g., Increase daily benefit amount]
- [Recommendation 2: e.g., Add a Home Health Care rider]
- [Recommendation 3: e.g., Review asset protection strategies]

Please review the attached assessment report for a detailed breakdown of your options. We would like to schedule a follow-up consultation to discuss these findings and make any necessary updates to your coverage.

If you have any questions, please contact our office at [Phone Number] or via email at [Email Address].

Sincerely,

[Advisor/Agent Name]

[Title]

[Company Name]