

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Insurance Company Name]
[Policy Department Address]
[City, State, Zip Code]

RE: Inquiry Regarding Long-Term Care Rider Addition
Policy Number: [Your Policy Number]

Dear Customer Service Department,

I am writing to inquire about adding a Long-Term Care (LTC) rider to my existing life insurance policy, referenced above.

Please provide me with the following information regarding this addition:

- Availability of an LTC rider for my specific policy type.
- The maximum benefit amount or percentage of the death benefit available for acceleration.
- The impact this rider will have on my monthly or annual premium payments.
- Any underwriting requirements, such as medical exams or health questionnaires.
- The necessary forms and documentation required to begin the application process.

If my current policy does not support the addition of an LTC rider, please inform me of any alternative options or policy conversions that would allow for long-term care protection.

I look forward to receiving this information at your earliest convenience. Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]