



P.O. Box 13327
Pensacola, FL 32591
Phone: 1-866-308-0278
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10/05/2018

AUDREY IMSTEPF
608 Moulton Ave
Los Angeles , CA 90031

Insured Name: AUDREY IMSTEPF
Certificate Number: 9542-623794
Reference Number: CSG0119193

Dear AUDREY IMSTEPF:

We have completed a reassessment of the insured's eligibility for benefits and have determined that the insured continues to qualify for benefits under the terms and conditions of the certificate. The benefit eligibility period has been extended to 11/01/2019, provided that the insured continues to qualify for benefits. In addition, payment of benefits is subject to all policy terms and provisions; including but not limited to any applicable lifetime maximum benefit, maximum benefit periods, waiting period, coverage limitations, and/or other restrictions as outlined in the long term care insurance certificate. It is possible that the insured may exhaust benefits available under this claim before the end of the eligibility period. In the event that this should occur, the insured will be notified under separate cover regarding any benefit exhaustion.

Continued eligibility for benefits will be re-evaluated on a regular and discretionary basis. If it is determined that the insured no longer qualifies for benefits prior to the extended date noted above, the benefits will terminate as of the date the insured no longer qualifies for benefits.

A summary of approved providers is noted below and identifies those provider(s) that meet the eligibility requirements of the certificate. It is reflective of the information received by the insured or their representative during the claim process, which addressed the reported care needs of the insured, and the service level requested. The approved time period is also indicated. In the event there is a change in provider(s), and or a change in the service level, please contact us so that the insured's condition may be re-evaluated for continued eligibility and the Summary of Approved Providers adjusted.

C040Z0518

Summary of Approved Providers:

Start Date	End Date	Provider Name	Benefit Type Per Policy Provision	Service Level
11/02/2018	11/01/2019	Santa Anita Retirement Center	LTCNHF-Nursing Home Facility	24 Hours / 7 Days

Benefits are subject to the insured continuing to meet the policy defined benefit qualifier(s), the provider(s) of care and or the service(s) meeting the definition of a covered service provider as outlined in the certificate. Should changes be made without any prior notification to us, expenses incurred for that care may not be covered and thus may not be payable. Please contact us immediately so that we may further investigate the claim.

If bills and/or invoices have already been submitted, they will be processed and an Explanation of Benefits will be sent under separate cover. If bills and or invoices have not been submitted, please submit them as soon as possible to the mailing address noted above or fax to 1-866-357-8479.

Please contact our Customer Service Representatives if you have further questions. We are available to assist you, Monday through Friday from 8am to 8pm Eastern Time at 1-866-308-0278.

Sincerely,

Kristen Demshock
Clinical Services
Long Term Care Insurance Claims