

Agent Order Form for Indiana Partnership Materials

Mail the completed form with a check (payable to Indiana Dept. of Insurance) 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 _____

“What You Should Know About Long Term Care” booklet
A consumer friendly overview of the Indiana
LTC Partnership Program (8/15 edition)

Send me _____ booklets at \$1.00 each. Total \$ _____

Also available for download from the Partnership website under “Publications”.

[Nursing Home Resident with a Spouse At Home](#)
(Spousal Impoverishment Protection Law) (1/17 edition)

[Partnership Agent Reference Manual](#) (10/09 edition)

[“What You Should Know About Long Term Care”](#) booklet (8/15 edition)