

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 (3/13 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) (1/14 edition)

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

[“What You Should Know About Long Term Care”](#) booklet (3/13 edition)