

CONTINENTAL CASUALTY COMPANY
 PO BOX 64912
 SAINT PAUL, MN 55164

120962

C1562 1of1 T312 B469 P8
 CORIEN BOSSEMEYER
 5832 VANALDEN AVE
 TARZANA, CA 91356-1227



CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CONTINENTAL CASUALTY COMPANY PO BOX 64912 SAINT PAUL, MN 55164 (800) 262-1037		1 Gross long-term care benefits paid. \$ 21,358.58	OMB No. 1545-1519 Form 1099-LTC (Rev. October 2019)	Long-Term Care and Accelerated Death Benefits
PAYER'S TIN 36-2114545	POLICYHOLDER'S TIN XXX-XX-5537	2 Accelerated death benefits paid \$	For calendar year 20 23	
POLICYHOLDER'S name CORIEN BOSSEMEYER 5832 VANALDEN AVE TARZANA, CA 91356-1227		3 Per diem <input type="checkbox"/> Reimbursed amount <input checked="" type="checkbox"/>	INSURED'S TIN XXX-XX-5537	Copy B For Policyholder This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this item is required to be reported and the IRS determines that it has not been reported.
Account number (see instructions) 077018938	4 Qualified contract (optional) <input type="checkbox"/>	INSURED'S name, street address (including apt. no.), city or town, state or province, country and ZIP or foreign postal code CORIEN BOSSEMEYER 5832 VANALDEN AVE TARZANA CA 91356		
		5 (optional) <input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill	Date certified	

Form 1099-LTC (Rev. 10-2019)

(keep for your records)

www.irs.gov/form1099LTC

Department of the Treasury - Internal Revenue Service

Instructions for Policyholder - 1099-LTC (2023)

A payer, such as an insurance company or a viatical settlement provider, must give this form to you for payments made under a long-term care insurance contract or for accelerated death benefits. Payments include those made directly to you (or to the insured) and those made to third parties.

A long-term care insurance contract provides coverage of expenses for long-term care services for an individual who has been certified by a licensed health care practitioner as chronically ill. A life insurance company or viatical settlement provider may pay accelerated death benefits if the insured has been certified either by a physician as terminally ill or by a licensed health care practitioner as chronically ill. **Long-term care insurance contract.** Generally, amounts received under a qualified long-term care insurance contract are excluded from your income. However, if payments are made on a per diem basis, the amount you may exclude is limited. The per diem exclusion limit must be allocated among all policyholders who own qualified long-term care insurance contracts for the same insured. See Pub. 525 and Form 8853 and its instructions for more information.

Per diem basis. This means the payments were made on any periodic basis without regard to the actual expenses incurred during the period to which the payments relate.

Accelerated death benefits. Amounts paid as accelerated death benefits are fully excludable from your income if the insured has been certified by a physician as terminally ill. Accelerated death benefits paid on behalf of individuals who are certified as chronically ill are excludable from income to the same extent they would be if paid under a qualified long-term care insurance contract.

Policyholder's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows the gross benefits paid under a long-term care insurance contract during the year.

Box 2. Shows the gross accelerated death benefits paid during the year.

Box 3. Shows if the amount in box 1 or 2 was paid on a per diem basis or was reimbursement of actual long-term care expenses. If the insured was terminally ill, this box may not be checked.

Box 4. May show if the benefits were from a qualified long-term care insurance contract.

Box 5. May show if the insured was certified chronically ill or terminally ill and the latest date certified.

Future developments. For the latest developments related to Form 1099-LTC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099LTC.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Gross long-term care benefits paid	OMB No. 1545-1519
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