

**LONG-TERM CARE INSURANCE THIRD PARTY/AUTHORIZED
DESIGNEE CHANGE FORM**



The Company You Keep®

NEW YORK LIFE INSURANCE COMPANY, LONG-TERM CARE
P.O. Box 64670
St. Paul, MN 55164-0670

New York Life Insurance Company (New York Life) requires written notice of changes in the status of your third party designee.

Please check the appropriate box below, complete the information in the appropriate section, sign and date the form, and return the form to New York Life. If you have any questions, please contact the Long-Term Care Call Center at (800) 224-4582.

Insured Name: _____ **Account Number:** _____

If you currently have a designee, provide the designee's information below.

Current Designee Information:

Name of Designee (Please Print)

Street Address (Please Print)

City State Zip

I wish to update my designee information.

Designee Information: _____
Name of Designee (Please Print)

Street Address (Please Print)

City State Zip

I wish to terminate my current designee and I do not wish to designate another.

Signature of Insured

Date