

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Company/Agency Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally apply for Long-Term Care benefits, as I meet the eligibility criteria outlined in your policy.

Enclosed are the necessary documents, including my completed application form, medical records, and proof of income/assets.

Please let me know if you require any additional information or documentation to process my application.

Thank you for your attention to this matter.

Sincerely,

[Your Name]