



GREATER CINCINNATI INSURANCE BOARD

4760 Red Bank Expressway, Suite 218, Cincinnati, Ohio 45227

(513)-533-1200, Fax: (513) 533-1281

Provider Number Ohio – 34304, Kentucky – S12488

Long Term Care Training Course

This basic eight hour training course is required by the State of Ohio for agents selling Long Term Care insurance after September 1, 2008. This course meets the Ohio Revised Code requirements that the training consist of combined topics related to long term care insurance, long term care services and qualified state long-term care Partnership programs. The course includes: a) State and Federal regulations and requirements between qualified state long term care insurance partnership programs and other public and private coverage of long-term care services, including Medicaid. b) Available long-term care services and providers. c) changes and improvements in long-term care services or providers, d) alternatives to the purchase of private long-term care insurance, e) the effect of inflation on benefits and the importance of inflation protection, f) consumers suitability standards and guidelines, g) plus many other topics.

This seminar will be presented by Mike Aiken; CLU ChFC. Mike is a trained educator. His seminars are filled with a lot of useful information. The seminar will be held at the CIB training center on Thursday, July 31, 2008. The seminar will run from 8:00 a.m. until 4:30 p.m.

The cost for this seminar is \$99.00 and includes all text and materials. CIB members may attend at a cost of \$89.00. This course has been approved for eight hours of continuing education in Ohio and Kentucky. No exam required. The attendee must be on time to receive credit. No partial credit given.

There will be a \$10.00 charge for cancellations received within 24 hours of this seminar.

Greater Cincinnati Insurance Board
4760 Red Bank Expressway, Suite 218
Cincinnati, Ohio 45227

Long Term Care Training
July 31, 2008
8:00 a.m. - 4:30 p.m.

Please reserve _____ places at this seminar. Our check for \$_____ is enclosed.

Attendee: _____

National Producer Number: (We must have this to process your CE credit) _____

Agency: _____

Address: _____

City: _____ State: ___ Zipcode _____ Telephone: _____

CE for: ___ Ohio ___ Ky. ___ None Ltc8