



Upper Peninsula Commission for Area Progress

www.upcap.org

“Providing guidance and support to U.P. residents since 1961”

UPCAP Long-Term Care Programs Confidential Client Related Material

Date:

To:

From:

Phone Number:

Phone Number:

Fax Number:

Number of Pages (Including Cover):

Please Verify the following Life Insurance Information

Participant Name:

Policy Number:

Policy Number:

Face Value:

Face Value:

Cash Surrender Value:

Cash Surrender Value:

Loans on the Policy:

Loans on the Policy:

Premium:

Premium:

Name of Owner & Insured:

Name of Owner & Insured:

A signed release is included in this transmission. Thank you in advance for your assistance.

The material enclosed with the facsimile transmission are private and confidential, and are the properties of the sender. The information contained in the material is privileged and is intended only for the use of the individual(s) or entity(ies) named above. If you are not the intended recipient, be advised that any unauthorized disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this facsimile transmission in error, please notify us immediately by telephone to arrange for the return of the forwarded documents to us.