

# Long Term Care Quote Request



Date: \_\_\_\_\_

Agent: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Proposal should be: Faxed \_\_\_\_\_ or emailed \_\_\_\_\_

LTC Carriers you represent? \_\_\_\_\_

### *Prospect Information:*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Tobacco in the last 6 mos?    Yes    No    Gender:    Male    Female    Hgt/Wgt \_\_\_\_\_

Spouse Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Tobacco in the last 6 mos?    Yes    No    Gender:    Male    Female    Hgt/Wgt \_\_\_\_\_

(If quoting one person, ask if there is a spouse. Even though they are not applying, this would qualify the person quoted for a discount.)

### *Health Conditions/Hospitalizations/Surgeries:*

High Blood pressure

Arthritis (list type)

Cancer Treatment

Diabetes

Mental/Nervous Treatment

Heart/Circulatory

Other, Please Specify \_\_\_\_\_

Details for any of the above: \_\_\_\_\_

### *List of Medications for each with dosage (if known):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### *Coverage:*

Daily or Monthly Benefit: \_\_\_\_\_ Elim Period: \_\_\_\_\_ Benefit Period: \_\_\_\_\_

COLA:    Compound / Simple \_\_\_\_\_    Share Care: \_\_\_\_\_

Waiver of Home Health Care Elim. Period: \_\_\_\_\_

Premium amount allocated for Long Term Care policy \_\_\_\_\_