



Long Term Care Insurance Quote Request

Agent Information

1. Agent Name
2. Phone number
3. Email

Client Information (basic)

1. What is your client's name?
2. What is your client's gender?
 - male
 - female
3. What is your client's resident City & State?
4. What is your client's date of birth?
5. What is your client's marital status?
 - Married
 - Single
 - Living with another adult who is also applying for coverage

Client Information (spouse- if applying for coverage)

1. What is the spouse's name?
2. What is the spouse's gender?
 - male
 - female
3. What is the spouse's date of birth?

Client Information (health history)

1. What is your client's build? Spouse's build?
 - height - height
 - weight - weight
2. Has your client used any tobacco products within the past 12 months? Spouse?
 - yes - yes
 - no - no

3. Please list any health conditions, medications, dosages and/or hospitalizations during the past 10 years:

Client Information (estate)

1. What is your client's approximate estate value?
 - \$250k or less
 - \$250k to \$500k
 - \$750k to \$1 million
 - \$1 million and above
2. What is your client's approximate annual income?
3. Is your client self employed?
4. If so, what type of business do they own?
 - Sole Proprietorship
 - LLC
 - S-corp
 - C-corp
5. Does your client have an HSA?

Client Information (current coverage)

1. Does your client currently have Long Term Care Insurance?
 - yes (individual plan)
 - yes (group plan)
 - no
 - unsure
2. If yes, what are the coverage parameters?
 - Carrier Name
 - Monthly Benefit or Daily Benefit
 - Benefit Period
 - Elimination Period
 - Calendar Day or Days of Service Elimination Period
 - Inflation
 - Partnership Qualified

- yes
- no
- Comprehensive
 - Facility Care only
 - Home Care only
 - Facility & Home Care
- Hybrid
 - Life Insurance with Long Term Care coverage
 - Annuity with Long Term Care coverage
- Premium

3. How long has your client owned this policy?

Illustration Design

1. What type of Long Term Care Insurance product quote do you need?

- Personal
- Executive Benefit
- Worksite/Group

2. What Monthly Benefit do you want quoted for your client?

(note: all quotes will include an alternative benefits page)

3. What Benefit Period do you want quoted for your client?

(note: all quotes will include an alternative benefits page)

4. What Elimination Period do you want quoted for your client?

(note: all quotes will include an alternative benefits page)

5. What Riders do you want quoted for your client?

(note: all quotes will include an alternative benefits page)

- Inflation Protection
 - GPO
 - Simple Inflation
 - Compound Inflation
 - 2%
 - 3%
 - 5%
 - 5% (20 year)
- Spousal Waiver of Premium
- Spousal Survivorship
- Return of Premium
- Shared Care
- Limited Pay Option
 - Single Pay
 - 10 Pay

- Lifetime Pay

6. Do you want a Partnership Qualified plan quoted for your client(s)?

7. Would you also like to have a Life Insurance, Medicare Supplement or Annuity quote for this client?

- yes

- no

8. If so, what would you like to see quoted:

Other Comments: