

Agent Name:

Request Date:

Request Needed:

CLIENT DETAILS

Client Name		Sex: M or F	
D.O.B.	Height	Weight	
Marital Status: <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> Domestic Partner			
Application State:			
Serious illness, accident or hospitalization in last 10 years: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide detail:			
<hr/>			
<hr/>			
Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any other health issues:			
<hr/>			
<hr/>			
Medications:			
High Blood Pressure:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has client been declined for LTC coverage:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, provide year, carrier and reason:			
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Spouse Name		Sex: M or F	
D.O.B.	Height	Weight	
Marital Status: <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> Domestic Partner			
Application State:			
Serious illness, accident or hospitalization in last 10 years: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide detail:			
<hr/>			
<hr/>			
Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any other health issues:			
<hr/>			
<hr/>			
Medications:			
High Blood Pressure:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has client been declined for LTC coverage:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, provide year, carrier and reason:			
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PLAN DESIGN

Carrier Choice: (Check your choices; not all carriers available in all states)

☐ Genworth ☐ John Hancock ☐ Mutual of Omaha ☐ Mass Mutual ☐ Lincoln Money Guard

Product Choice:

☐ Traditional LTC ☐ Money Guard (Single Pay) ☐ Life with Chronic Care Rider

Daily Benefit Amount:	Benefit Period:
Elimination Period:	
Inflation Protection: <input type="checkbox"/> None <input type="checkbox"/> Simple 3% <input type="checkbox"/> Compound 3%	
<input type="checkbox"/> Simple 5% <input type="checkbox"/> Compound 5%	

Illustrate Premium: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
Accelerated Payment: <input type="checkbox"/> 10-Pay <input type="checkbox"/> 20-Pay
Desired Level of Premium: \$
<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Choice of Riders:

☐Waiver HC Elimination ☐Shared Care (Only offered by certain carriers)