

Agent Name:

Request Date:

Request Needed:

CLIENT DETAILS

Client Name _____ Sex: M or F _____

D.O.B. _____ Height _____ Weight _____

Marital Status: S N Domestic Partner

Application State: _____

Serious illness, accident or hospitalization in last 10 years: Yes No

If yes, provide detail:

_____Smoker: Yes No

List any other health issues:

Medications:

High Blood Pressure: Yes NoHas client been declined for LTC coverage: Yes No

If Yes, provide year, carrier and reason:

Spouse Name _____ Sex: M or F _____

D.O.B. _____ Height _____ Weight _____

Marital Status: S N Domestic Partner

Application State: _____

Serious illness, accident or hospitalization in last 10 years: Yes No

If yes, provide detail:

_____Smoker: Yes No

List any other health issues:

Medications:

High Blood Pressure: Yes NoHas client been declined for LTC coverage: Yes No

If Yes, provide year, carrier and reason:

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: _____

Illustrate Premium: Annual Semi-Annual Quarterly Monthly

Elimination Period: _____

Accelerated Payment: 10-Pay 20-PayInflation Protection: None Simple 3% Compound 3%

Desired Level of Premium: \$ _____

 Simple 5% Compound 5% Annual Semi-Annual Quarterly Monthly

Choice of Riders:

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