

ASSET - BASED LTCI QUOTE REQUEST SHEET

Agent Name: _____ **Phone Number:** _____

Client Name: _____
 D/O/B _____ Ht. _____ Wt. _____
 Smoker _____ Marital Status _____

Spouse: _____
 D/O/B _____ Ht. _____ Wt. _____
 Smoker _____ Marital Status _____

Any Medical History of:
 Insulin dep. Diabetes Stroke/TIA Memory Loss
 Osteoporosis Parkinson's Alzheimer's
 Sleep Apnea

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Client Medical History Last 10 yrs:

Spouse/Partner Medical History last 10 yrs:

Prescriptions / Dosage / Freq. / Onset:

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Any RX Changes in Last 12 Months? Yes No

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Plan Details:

LUMP-SUM AMOUNT TO 1035 EXCHANGE: \$ _____

Life/LTCi

Annuity/LTCi

Traditional LTCi

- Genworth
- John Hancock
- Lincoln Financial

- Genworth
- United of Omaha
- Guaranty Income Life

- Transamerica

Method of Delivery:
 E-Mail Fax Mail
 Fax Number: _____

 E-mail Address: _____

Notes / Special Requests:

