

TRADITIONAL 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
 - Sleep Apnea
 - Alzheimer's

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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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Company (s)

- Genworth
- John Hancock
- Med America
- MetLife
- Mutual of Omaha
- Prudential
- Transamerica

Policy Structure

- Partnership
- Facility Benefit: \$ _____
- Benefit Period: _____
- Elimination Period: _____ Days
- Inflation Protection: _____
- Couples Shared Benefit
- Return of Premium
- Nonforfeiture

Limited Pay Options

- Single Pay
- 10 Pay
- 20 Pay
- Paid Up at 65
- Reduced Pay at 65

Method of Delivery:
 E-Mail Fax Mail

Fax Number: _____

E-mail Address: _____

Notes / Special Requests:
