



LTC PROPOSAL REQUEST FORM

BROKER'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Single Married Domestic-Partner Family Relation

STATE OF RESIDENCE: \_\_\_\_\_

TRADITIONAL PARTNERSHIP PLAN (NY, CT, CA, IN) Yes No
NATIONAL PARTNERSHIP PLAN (CO, FL, IA, PA, ID, KS, NE, ND, SD, VA, MN, OH, OR)

CARRIERS TO QUOTE: (circle all that apply):

Genworth Financial John Hancock MassMutual Guardian/Berkshire
MedAmerica MetLife Penn Treaty UNUM/Provident
Prudential Allianz

TYPE OF POLICY (circle your choice):

Reimbursement Professional Home Care Indemnity Cash

FACILITY DAILY BENEFIT AMOUNT (\$70 - \$500): \_\_\_\_\_

PERCENTAGE HOME HEALTH CARE (50%, 75%, 100%, 150%): \_\_\_\_\_

Daily
Monthly

BENEFIT PERIOD (3, 4, 5, 6, 7, 10, Unlimited): \_\_\_\_\_

ELIMINATION PERIOD (0, 30, 60, 90days): \_\_\_\_\_

Service Days Calendar Days

INFLATION PROTECTION:

5% Compound 5% Compound-2x Max 5% Simple
Future Purchase Option None 3% Compound

OTHER APPLICABLE RIDERS (circle all that apply):

Return of Premium Shared Care 10 Yr Payment 20 Yr Payment
Paid up at 65 Waiver of Home Care Elimination Period

IS CLIENT SELF-EMPLOYED? Yes No

IF YES, WHAT TYPE OF CORPORATION? C-CORP - LLC - S-Corp - SOLE PROPRIETOR

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