

Long-Term Care Quote Request



Agent Phone

Client Information

Name Gender: Male Female

DOB Height Weight

Married or Domestic Partner*/Partner** No Yes State

Ever used tobacco, marijuana or other nicotine products? No Yes

If "yes," specify product type & frequency. Type Frequency per week

If discontinued, specify date last used.

Health Concerns: (diagnosis, date & treatment)

Medications: (name, dosage, start date and reason for taking)

Plan Options Leave this section blank if unsure of what plan options to select.

Monthly Benefit Amount \$

Benefit Period 2 Years 3 Years 4 Years 5 Years

Elimination Period 30 Days 60 Days 90 Days 180 Days 365 Days

Inflation Protection (compound) None 5% Lifetime 4% Lifetime 3% Lifetime 5% 20 Years 3% 20 Years

*Registered Domestic Partner means a pair of adults who have registered themselves as domestic partners in accordance with state law.**Partner means the one adult person who: (a) shares a serious and committed personal relationship with you that is intended to be lifelong; (b) has shared a common permanent residence with you on a continuous basis for the most recent three years; (c) is not legally married, a registered domestic partner, or in a committed personal relationship to anyone else; and (d) is not related to you in any way that would bar marriage in the state where you and he or she reside.