

Long-Term Care Quote Request



Agent

Name Phone

Client Information

Name Gender: Male Female
DOB Height ft. in. Weight lbs.
Married or Domestic Partner*/Partner** No Yes State of Issue
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, diagnosis date and treatment)

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

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

Monthly Benefit Amount \$ Premium Mode
Benefit Period 2 Years 3 Years 4 Years 5 Years
Elimination Period 30 Days 60 Days 90 Days 180 Days 365 Days
Inflation Protection None 5% Lifetime 4% Lifetime 3% Lifetime 5% 20 Years 3% 20 Years (compound)

*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.