

## LONG-TERM CARE QUOTE REQUEST FORM

1. Do you want your insurance plan to pay for all or some of the costs of the long-term care services? If partial, what percentage?

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2. Would you want to pay more for an insurance plan that would allow you to pay family members to care for you?

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3. Are you more interested in a plan that will provide benefits for a period of time that you are “likely” to need care or do you want a more expensive policy that will provide a longer period of benefits?

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4. Do you prefer a lower-cost policy that may have an increase in premium in the future or would you rather pay more for a policy that is guaranteed to not have a premium increase?

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5. Do you prefer a lower-cost policy that provides benefits exclusively for long-term care needs or would you rather pay more for a policy that will return the premium you paid to your beneficiaries if you die without ever using the policy benefits?

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6. How do you want to pay for it? (please check one)

Pay as you go       Pay it off in 10 years       Single Payment

7. Do you know what your budget is to pay for long-term care insurance?

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# LONG-TERM CARE QUOTE REQUEST FORM

CLIENT #1		CLIENT #2	
NAME:		NAME:	
SEX: <input type="checkbox"/> M <input type="checkbox"/> F		SEX: <input type="checkbox"/> M <input type="checkbox"/> F	
EMAIL ADDRESS:		EMAIL ADDRESS:	
PHONE:		PHONE:	
BEST TIME TO CONTACT?		BEST TIME TO CONTACT?	
RESIDENCE STATE:		RESIDENCE STATE:	
DATE OF BIRTH:		DATE OF BIRTH:	
HEIGHT:	WEIGHT:	HEIGHT:	WEIGHT:
SPOUSE OR DOMESTIC PARTNER? <input type="radio"/> Yes <input type="radio"/> No			
EMPLOYMENT STATUS <input type="radio"/> WORK <input type="radio"/> RETIRED		EMPLOYMENT STATUS <input type="radio"/> WORK <input type="radio"/> RETIRED	
IF WORKING, WHEN DO YOU PLAN TO RETIRE?		IF WORKING, WHEN DO YOU PLAN TO RETIRE?	
ANNUAL HOUSEHOLD INCOME: <input type="checkbox"/> Under \$50K <input type="checkbox"/> \$50 - \$100K <input type="checkbox"/> \$100K Plus			
WHAT IS YOUR APPROXIMATE NET WORTH?		WHAT IS YOUR APPROXIMATE NET WORTH?	
SIGNIFICANT MEDICAL HISTORY & MEDICATIONS (Dates & Dosages)		SIGNIFICANT MEDICAL HISTORY & MEDICATIONS (Dates & Dosages)	
Tobacco Use Last 12 months? <input type="radio"/> Yes <input type="radio"/> No		Tobacco Use Last 12 months? <input type="radio"/> Yes <input type="radio"/> No	



800-492-9190