

DATE: _____



LTC QUOTE REQUEST

Client Name: _____ State: _____

Age/D.O.B.: _____ Gender: **M** **F** Married: **Y** **N**

Client Name: _____ State: _____

Age/D.O.B.: _____ Gender: **M** **F** Married: **Y** **N**

Tobacco Use Client 1: **Y** **N** Tobacco Use Client 2: **Y** **N**

Benefit Amount (Select up to 2): _____

Benefit Type: **Daily** **Monthly** Elimination Period: _____

Benefit Duration (select up to 2): _____

Carrier Requested (Pick up to 2): **Genworth** **Hancock** **Mass Mutual**
MedAmerica **Mutual of Omaha** **Transamerica**

Riders: **Inflation 3% Simple** **3% Compound** **5% Simple** **5% Compound**

Future Purchase **Shared Care** **Shared Waiver** **Restoration**

Enhanced Elimination Period **Other (Specify below)**

Premium Mode: **A** **S** **Q** **M**

Required By Date: _____ Requested By: _____

Additional Info and known Medical Conditions:
