



## Long-Term-Care Quote Request

**Agent Name:**

Name: \_\_\_\_\_

**Client Information:**

Name: \_\_\_\_\_ (Single / Married) DOB: \_\_\_\_\_  
Resident State: \_\_\_\_\_ Height: \_\_\_\_\_ Tobacco Use: Y / N  
Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Rick Class: Preferred / Standard / Rated  
Medical Conditions: \_\_\_\_\_

Medications (Name, Dosage): \_\_\_\_\_

**Spouse Information:**

Name: \_\_\_\_\_ (Single / Married) DOB: \_\_\_\_\_  
Resident State: \_\_\_\_\_ Height: \_\_\_\_\_ Tobacco Use: Y / N  
Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Rick Class: Preferred / Standard / Rated  
Medical Conditions: \_\_\_\_\_

Medications (Name, Dosage): \_\_\_\_\_

**Policy Information:**

Benefit Amount: \_\_\_\_\_ (Daily / Monthly)

Elimination Period - days: 30 / 60 / 90 / 180 / 365

Benefit Period - years: 2 / 3 / 4 / 5 / 6 / 7 / 8 / 10 / Lifetime

Inflation: None / Simple / Compound / 3% / 5%

Home Care Amount: \_\_\_\_\_ 50% / 75% / 100%

Additional Options/Riders: \_\_\_\_\_

Comments: \_\_\_\_\_