



**Long Term Care Quote Request**

**Agent Information:**

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

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Email: \_\_\_\_\_

**Client Information:**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Preferred/Standard

Name \_\_\_\_\_ DOB \_\_\_\_\_ Preferred/Standard

State \_\_\_\_\_ Married: Yes / No

Medical History & Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Policy Information:**

Genworth                                      Mutual of Omaha                                      National Guardian Life

TransAmerica                                      Lincoln-MoneyGuard\*                                      One America-Asset Care\*

Nationwide CareMatters\*                                      Minnesota Life Secure Care\*

**\*Hybrid Life/LTC**

Carriers: \_\_\_\_\_

Reimbursement

Partnership / Non Partnership

Benefit Amount \$ \_\_\_\_\_

Waiting Period: 30 days / 60 days / 90 days / 180 days / 365 days

Benefit Period: 2yrs. / 3yrs. / 4yrs. / 5 yrs. / 6 yrs.

Inflation: Compound / Simple / CPI / GPO / None

Full Pay                       Single Pay\*                       Flex Pay\*

**\*Single Pay and Flex Pay Not Available On All Products**