

LONG TERM CARE INSURANCE PROPOSAL WORKSHEET

Agent Name: _____

Agent Address: _____

Agent City/State/Zip: _____

Agent Phone: _____ Fax: _____

E-mail: _____ Send Proposal by: E-mail Fax Mail

Proposed Insured's Name: _____ State: _____

Marital Status: Married Single Has Domestic Partner

Residential Status: Lives w/ Spouse/Partner Lives Alone Lives w/ Relative Lives w/ Companion

Will spouse, domestic partner, relative or companion also be applying for coverage? Yes No

Spouse's/Partner's/Relative's Name: _____ State: _____

Insurance Company: _____

Plan Type: Reimbursement Indemnity Cash

	Applicant	Spouse
Date of Birth:	/ /	/ /
Age:	age	age
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Height:	ft.& in.	ft.& in.
Weight:	lbs.	lbs.
Rating Class: If other is selected, please describe: _____	<input type="checkbox"/> Preferred <input type="checkbox"/> Standard <input type="checkbox"/> Other	<input type="checkbox"/> Preferred <input type="checkbox"/> Standard <input type="checkbox"/> Other
Tobacco Usage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benefit Amount—Nursing Home & Assisted Living Facility: Benefits Paid: <input type="checkbox"/> Daily <input type="checkbox"/> Monthly	\$	\$
Benefit Period (in years) -or- Benefit Pool (in dollars):		
Elimination Period (0, 20, 30, 45, 90, 100, 180 days, etc.):	days	days
Home Health Care (HHC) Benefit Percentage or Amount:	\$ %	\$ %
Years to Pay Premium (lifetime pay, 10 pay, paid-up @ 65, etc.):		
Premium Mode (A, SA, Q, M):	mode	mode
Rider—Compound Inflation: <input type="checkbox"/> 3% <input type="checkbox"/> 5% <input type="checkbox"/> 5%-2X Max <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Rider—Simple Inflation (5%):	<input type="checkbox"/>	<input type="checkbox"/>
Rider—Guaranteed Purchase Option (GPO) (not available w/ Inflation Riders):	<input type="checkbox"/>	<input type="checkbox"/>
Rider—Shared Care Benefit:	<input type="checkbox"/>	<input type="checkbox"/>
Rider—Restoration of Benefits:	<input type="checkbox"/>	<input type="checkbox"/>
Rider—Return of Premium (at death of owner):	<input type="checkbox"/>	<input type="checkbox"/>
Rider—Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>
Medical Conditions and Medications Taken (list below):		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
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