

# LTCi QUOTE

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

Phone: \_\_\_\_\_

INDIVIDUAL          SHARED

CLIENT NAME: \_\_\_\_\_

DOB/AGE:    /    /          GENDER: M      F

CLIENT NAME (SECOND INSURED) \_\_\_\_\_

DOB/AGE:    /    /          GENDER: M      F

SMOKER:          NON-SMOKER:

STATE: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_

BENEFIT OPTION: MONTHLY          DAILY

ELIMINATION PERIOD: \_\_\_\_\_

BENEFIT PERIOD: \_\_\_\_\_

RATING (circle one): PREFERRED    SELECT    I    II

PARTNER DISCOUNT: \_\_\_\_\_

INFLATION PROTECTION: \_\_\_\_\_% \_\_\_\_\_%

HEALTH DETAILS (i.e. medications, ailments, overall history of health and confinements)