

Request for quote

Long-Term Care Insurance



Ensure the protection of your life's work and the well-being of your loved ones. A comprehensive plan for the future includes identifying potential vulnerabilities such as not having enough life and disability insurance and long-term care coverage.

1. Applicant information

Applicant A: First name	Last name	Date of birth
Applicant B: First name	Last name	Date of birth
Home address (please include city, state and ZIP)		
I would like to receive my quote by:		
<input type="checkbox"/> Phone _____	<input type="checkbox"/> Email _____	<input type="checkbox"/> FAX: _____
<input type="checkbox"/> Personal Appointment	<input type="checkbox"/> Mail	

2. Health information

List medical conditions treated in the last 5 years and surgery performed or scheduled in last 5 years.
If you require more space to write, please utilize section 4:

APPLICANT A OR B	MEDICATION (NAME/DOSAGE)	CONDITION	DIAGNOSIS / TREATMENT DATES	COMMENTS

(continued on back...)

2. Health information *(continued from front...)*

Have you used tobacco within the past 2 years?	Applicant A: <input type="checkbox"/> No <input type="checkbox"/> Yes	Applicant B: <input type="checkbox"/> No <input type="checkbox"/> Yes
Is there a family history of cognitive impairments (e.g. Alzheimer's, dementia)	Applicant A: <input type="checkbox"/> No <input type="checkbox"/> Yes	Applicant B: <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever suffered from a stroke or been diagnosed with diabetes?	Applicant A: <input type="checkbox"/> No <input type="checkbox"/> Yes	Applicant B: <input type="checkbox"/> No <input type="checkbox"/> Yes
Is there longevity in your family?	Applicant A: <input type="checkbox"/> No <input type="checkbox"/> Yes	Applicant B: <input type="checkbox"/> No <input type="checkbox"/> Yes

3. Long-term care insurance plan *(for initial quoting purposes only; see definitions below*)*

Desired benefit amount: \$ _____	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly						
Benefit period in years:	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> Lifetime	<input type="checkbox"/> Not sure
Elimination period in days:	<input type="checkbox"/> 0	<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> 90	<input type="checkbox"/> 180	<input type="checkbox"/> 365	<input type="checkbox"/> Not sure	
Benefit increase:	<input type="checkbox"/> None	<input type="checkbox"/> GPO	<input type="checkbox"/> 5% simple	<input type="checkbox"/> 3% compound	<input type="checkbox"/> 5% compound	<input type="checkbox"/> Not sure		
Optional riders:	<input type="checkbox"/> Return of premium	<input type="checkbox"/> Waiver of HHC EP	<input type="checkbox"/> Restoration of benefits	<input type="checkbox"/> Shared Care Rider	<input type="checkbox"/> Non-forfeiture rider	<input type="checkbox"/> Not sure		
Which premium payment length do you prefer?	<input type="checkbox"/> Single	<input type="checkbox"/> Ten years	<input type="checkbox"/> Continued	<input type="checkbox"/> Not sure				
What is your estimated monthly premium tolerance?	<input type="checkbox"/> \$150 per month	<input type="checkbox"/> \$250 per month	<input type="checkbox"/> \$350 per month	<input type="checkbox"/> Other \$___ per month				

4. Additional comments

5. *Definitions: Long-term care policy provision definitions

Benefit

- **Daily:** Maximum amount per day the policy will pay in benefits, including the inflation benefit.
- **Monthly:** Maximum amount per month the policy will pay in benefits. Particularly meaningful for home health care when services and costs vary from day to day. Allows for more flexibility and access to benefits.
 - Method 1-Daily benefit selected is multiplied by the exact number of days in any specific month resulting in a monthly pool of money/benefits that is available.
 - Method 2-A specific monthly benefit amount is selected outright.

Benefit Period In Years

- Number of years the insured wants to receive benefits.

Elimination Period In Days

- A deductible in days rather than dollars. The number of days the insured wants to receive services before the policy starts paying benefits?

Benefit Increase

- **None:** The benefit amount remains the same throughout the life of the policy.
- **GPO:** Guaranteed Purchase Option provides the insured with periodic opportunities to purchase additional daily benefits at attained-age rates.
- **5% Simple:** Automatically increases the original benefit by 5% every year.
- **3% or 5% Compound:** Selected inflation amount is added to the daily benefit and is compounded annually.

Option Riders

- **Return of Premium:** Upon the death of the insured, all or a portion of the paid premiums are returned to the insured's beneficiary, less any benefit amounts that were paid out.
- **Waiver of HHC EP:** Home Health Care Waiver. The selected Elimination Period (EP) still applies for nursing home expenses but if the insured is able to stay at home and receive care there the insurance company will ignore the elimination period and start paying benefits immediately.
- **Restoration of Benefits:** The benefits in a policy will be restored if an insured gets better and goes without care for a specified period of time, usually six months, and does not completely exhaust their benefit amount.
- **Shared Care:** Allows a married couple to access benefits under the same policy or from the spouse's policy provided that:
 - Both spouses have identical coverage from the same carrier, and
 - One spouse has exhausted the benefits under his/her own policy.
- **Non-Forfeiture:** If the insured cancels the policy or coverage lapses they will receive some of the benefits they have paid for.

Please return completed form to: