

# LTCI Proposal Request

**Agent Information:**

Date: \_\_\_\_\_

Requested By: \_\_\_\_\_

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

Agent Name (If Different): \_\_\_\_\_

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

**Client Information:**

**Client Information:**

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

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

DOB/Age: \_\_\_\_\_

DOB/Age: \_\_\_\_\_

State of Residence: \_\_\_\_\_

State of Residence: \_\_\_\_\_

Status:      Male / Female              Tobacco: Yes / No

Status:      Male / Female              Tobacco:    Yes / No

Business Owner:    Yes / No    Type: \_\_\_\_\_

Business Owner:    Yes / No    Type: \_\_\_\_\_

Underwriting Class: \_\_\_\_\_

Underwriting Class: \_\_\_\_\_

**Quote Information:**

Benefit Amount: \$ \_\_\_\_\_      Daily / Monthly

Duration of Benefits:    1 Year      2 Years      3 Years      4 Years      5 Years      6 Years      Lifetime      Maximum

Elimination Period:    0 Day      30 Days      60 Days      90 Days      180 Days      360 Days

Inflation Options:    None      GPO      5% Simple      3% Compound      5% Compound      Other: \_\_\_\_\_

Payment Structure:    Single Pay      10 Pay      Lifetime Pay

Premium Mode:    Annual      Semi-Annual      Quarterly      Monthly

Additional Riders:      HHC Elimination Period Waiver

Nonforfeiture (Shortened Benefit)

Shared Care

Return of Premium / Cash Surrender Rider (NGL)

Spousal Waiver of Premium

Restoration of Benefit

Other: \_\_\_\_\_

Spousal Security Rider (Mutual of Omaha)

**Carriers:**

TransAmerica

One America

National Guardian Life

Mutual of Omaha

**Notes:**

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