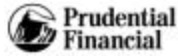


"LTC Quick Quote" Proposal Request

- FAX 916-965- Phone 800-451-2351

Let us find the best fit for you fast!



Agent Information

Agent Name _____ Phone _____ Date: _____

Return Proposal by: ___/___/___ Fax _____ Email _____

Client Information

Client 1 Name: _____ Client 2 Name: _____

State _____ Relation To Client 1 _____

Age _____ or D.O.B ___/___/___ Age _____ or D.O.B ___/___/___

Height ___/___ Weight _____ M F Height ___/___ Weight _____ M F

Health History – If known, please complete this underwriting pre-screen section so we can make the appropriate company, benefit and rate class recommendation to you.

Client 1

Medical Condition

Medication/Dosage

Tobacco Use? Yes No

Hospitalized Past 5 Years Yes No

If Yes, why? _____

Client 2

Medical Condition

Medication/Dosage

Tobacco Use? Yes No

Hospitalized Past 5 Years Yes No

If Yes, why? _____

LTCI Plan Design – Option 1 – You tell us the budget, we quote the best plan and company.

(Complete one option) **Option 2** – You choose the benefits, we quote the best company.

Option 1

Limit Combined Monthly Premium to: \$ _____ (We'll design the plan within budget)

Option 2

Daily Benefit \$ _____ Home Care _____ % Benefit Period : _____ Yrs

Elimination Period _____ Days 0 Day Rider for HHC Only Special Riders _____

Inflation Protection None 5% Simple Compound _____ % _____