

# IJU Agency Ltd.

## Long Term Care Form

(Please fill out to the best of your ability.)

### Part I: Applicant Information

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

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Sex: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Worked: \_\_\_\_\_

### Part II: Personal Information

Do you consume tobacco or nicotine? If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Is there anything significant about your health history? If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you take any medication:

\_\_\_\_\_  
\_\_\_\_\_

How do you see your standard of living after the age of 70:

\_\_\_\_\_  
\_\_\_\_\_

### Part III: Benefit

Benefit Amount: \$ \_\_\_\_\_ How often would you like to receive the benefit: \_\_\_\_\_

Benefit Period in Years: \_\_\_\_\_ Elimination Period in Days: \_\_\_\_\_

Benefit Increase (None, Guaranteed Purchase Option, Inflation Rider): \_\_\_\_\_

Special Features/Riders you would like to have: \_\_\_\_\_

### Part III: Spouse Information

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

Address: \_\_\_\_\_

Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Do you consume tobacco or nicotine? If Yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything significant about your health history? If Yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Do you take any medication:  
\_\_\_\_\_  
\_\_\_\_\_

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**Notice**

**This information is not an offer to sell insurance. Insurance coverage cannot be bound or changed via submission of this online form / application, e-mail, voice mail or facsimile. No binder, insurance policy, change, addition, and/or deletion to insurance coverage goes into effect unless and until confirmed directly with a licensed broker. Note any proposal of insurance we may present to you will be based upon the values developed and exposure to loss disclosed to us on this online form/application and/or in communications with us. All coverages are subject to the terms, conditions and exclusions of the actual policy issued. Not all policies or coverages are available in every state. You also agree to release us from any liability if this information is accidentally viewed by unauthorized persons. We will only use this information for insurance quoting purposes and not distribute to other parties.**

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Prepared By (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

