

# 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:**

Genworth

National Guardian Life

Mutual of Omaha

Transamerica

**Notes:**

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