



# Fidelity Financial Group

NATIONAL WHOLESALER

INDUSTRY LEADING COMPENSATION, SALES, & SERVICE

**E-mail to: [info@ica-icb.com](mailto:info@ica-icb.com)**

or Fax to: 973-361-0047

Agent Name/Resident State: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax Mail E-mail To: \_\_\_\_\_

Client Name: \_\_\_\_\_ Resident State: \_\_\_\_\_

Married Single Domestic Partner

Client DOB/Age: \_\_\_\_\_ HT/WT: \_\_\_\_\_

Tobacco use in the last 5 years? Yes No Standard Health Preferred Health

Spouse Name: \_\_\_\_\_ Spouse DOB/Age: \_\_\_\_\_ HT/WT: \_\_\_\_\_

Tobacco use in the last 5 years? Yes No Standard Health Preferred Health

Select Carriers:

Genworth John Hancock Transamerica Mutual of Omaha MedAmerica

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

Home Care Options: None 50% 75% 100%

Benefit Period: 2 yrs (when avail.) 3 yrs 4 yrs 5 yrs 6 yrs 8 yrs 10 yrs

Elimination Period: 30/45 Days 60 Days 90 Days 180 Days Other

Inflation Protection: 5% Compound CPI 3% Compound None 5% Simple Other: \_\_\_\_\_ FPO/GPO

Optional Riders: Waiver of HHC Elimination Nonforfeiture Restoration of Benefits Shared Care Survivorship Other: \_\_\_\_\_ Return of Premium

Payment Options: Annual Semi-annual Qtly Monthly

Client Health Information:

Spouse Health Information:

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Date: \_\_\_\_\_ Proposal Needed by: \_\_\_\_\_