

# LONG TERM CARE QUOTE SHEET

Agent Name/Resident State		Phone	
___ Fax the Proposal to #:			
___ Mail the Proposal to:			
___ E-Mail the Proposal @:			
Client Name		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner	Client's Resident State
Client DOB/Age	HT:      WT:	Tobacco use in past 5 yrs?	<input type="checkbox"/> Standard Health or <input type="checkbox"/> Preferred Health
Spouse Name		Note: Highly recommend quoting Standard Health for your Clients.	
Spouse DOB/Age	HT	WT	Tobacco use in past 5 yrs?  <input type="checkbox"/> Standard Health or <input type="checkbox"/> Preferred Health
Select Carrier(s):  <input type="checkbox"/> Genworth <input type="checkbox"/> John Hancock <input type="checkbox"/> MedAmerica <input type="checkbox"/> Mutual of Omaha <input type="checkbox"/> Prudential			
Benefit Amount	<input type="checkbox"/> Daily or <input type="checkbox"/> Monthly Benefit	Home Care Option % of Benefit Amount	<input type="checkbox"/> None <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
Benefit Period	<input type="checkbox"/> 2 Yrs <input type="checkbox"/> 3 Yrs <input type="checkbox"/> 4 Yrs <input type="checkbox"/> 5 Yrs <input type="checkbox"/> 6 Yrs <input type="checkbox"/> 7 Yrs <input type="checkbox"/> 10 Yrs <input type="checkbox"/> Lifetime		
Elimination Period	<input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 180 Days		
Inflation Protection	<input type="checkbox"/> 5% Compound <input type="checkbox"/> None <input type="checkbox"/> 5% Simple <input type="checkbox"/> Other <input type="checkbox"/> Future Purchase Option		
Optional Riders	<input type="checkbox"/> Indemnity Benefits <input type="checkbox"/> Elimination Period Enhancement <input type="checkbox"/> Shared Care <input type="checkbox"/> Waiver of HHC Elimination <input type="checkbox"/> Return of Premium <input type="checkbox"/> Other		
Payment Options	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annl <input type="checkbox"/> Qtly <input type="checkbox"/> Mthly	Limited Pay	<input type="checkbox"/> 10-Pay <input type="checkbox"/> Pay to 65
Client: Health Information Health issues or Disease Medications w/dosage Hospitalizations in past 5 years		Spouse: Health Information Health issues or Disease Medications w/dosage Hospitalizations in past 5 years	
Today's Date:		Insurance Specialties 7505 State Hwy 37/PO Box 218 Purdy, MO 65734 Ph: 800-789-0182 / Fx: 417-442-7622 www.insspecial.com	
I need this Proposal no later then:			

