LTC Ins. Proposal Request

1601 Bayshore Hwy #360
Burlingame, CA 94010
Phone: 800-303-1527
Fax: 650-692-5204

Date:	
Broker Name:	
Address:	
City:	State:
Zip/Postal Code:	
Phone:	
Email:	

Referred By

Name:	
Email:	
Phone:	

Client Name:			
Date of Birth:		○ Male	○ Female
Height:		Weight	
Tobacco Use:	○ Yes	○ No	
Business Owner?	○ Yes	○ No	

Partner Name:			
Date of Birth:		○ Male	○ Female
Height:		Weight	
Tobacco Use:	○ Yes	○ No	
Business Owner?	○ Yes	○ No	

Please list current medications & reason for taking:

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Ever been declined for LTC Ins? ○ Yes ○ No
If Yes: Explain below.

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If Yes: Explain below.

High Blood Pressure	☐ Check Box	High Blood Pressure	☐ Check Box
Heart Attack/Atrial Fib	☐ Check Box	Heart Attack/Atrial Fib	☐ Check Box
Stroke/TIA	☐ Check Box	Stroke/TIA	☐ Check Box
Arthritis	☐ Check Box	Arthritis	☐ Check Box
Diabetes	☐ Check Box	Diabetes	☐ Check Box
Cancer	☐ Check Box	Cancer	☐ Check Box

Benefit Amount-$	*Home Health Care*	*Elimination Period*	*Benefit Period*	*Inflation Protection*	*Additional Riders*
			○ 2 Year		
○ Daily	○ 50%	○ 0 day - HHC	○ 3 Year	○ GPO/FPO	○ Shared Care
○ Monthly	○ 75%	○ 30 day - Facility	○ 4 Year	○ Compound	○ Restoration
	○ 100%	○ 60 day - Facility	○ 5 or 6 Year	○ Simple	○ Return of Prem.
		○ 90 day - Facility		○ None	○ 10 Pay

Would you like information about HYBRID LIFE/LTC OPTIONS: ☐ Check Box

PRINT SUBMIT