



# Long Term Care Illustration Request Form

Request to: Joanne May - 612-347-8682 Or 877-285-5799 Ext. 1682

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Agent Name: \_\_\_\_\_ Date Needed: \_\_\_\_\_ Method of Delivery? \_\_\_\_\_  
 Send Application/Brochure Kit? \_\_\_\_\_  
 (Contracting Needed)? \_\_\_\_\_  
 Partnership CE Completed? \_\_\_\_\_

**Client Name #1** \_\_\_\_\_  
 Date of Birth / Age: \_\_\_\_\_  
 State of Residence: \_\_\_\_\_  
 \*  Preferred  Standard  Rated  
 Smoker  Non-Smoker  
 Health conditions, please include onset and other available information: \_\_\_\_\_  
 All medications currently taking and dosages: \_\_\_\_\_  
 Family Medical History: \_\_\_\_\_  
 \*Build - Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Client Name #2** \_\_\_\_\_  
 Date of Birth / Age: \_\_\_\_\_  
 State of Residence: \_\_\_\_\_  
 \*  Preferred  Standard  Rated  
 Smoker  Non-Smoker  
 Health conditions, please include onset and other available information: \_\_\_\_\_  
 All medications currently taking and dosages: \_\_\_\_\_  
 Family Medical History: \_\_\_\_\_  
 \*Build - Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Please Pick Company & Product for Me

**Our recommendation:** (Stop here if you check this box. No further information is needed)

- \$4500/mo or \$150 a day for home health care, assisted living & nursing home. 90 day Elimination Period.
- (4 plus 4year) benefit shared plan for couples. Compound Inflation for age 60 or younger.
- (5 year) benefit plan for individuals. Compound or Simple Inflation for ages 61-75.

**OR Choose the Benefit Details:**

**Benefit Amount Per Day:** \$ \_\_\_\_\_ (usually around 4500/mo or 150/day)

**Length of Coverage:**  2 Year,  3 year,  4 Year,  5 Year,  6 Year,  10 Year,  With Shared Care  
 Unlimited - only available at Genworth, Mutual of Omaha & Prudential

**Elimination Period:**  10 Day  30 Day  60 Day  90 Day  180 Days  365 Days

*(Only available with John Hancock)*

**Home Health care:**  100% **HHC Elimination:**  Zero  Joint Waiver  Additional Cash Rider \_\_\_\_\_% of Premium & Survivorship Rider

**Riders:**  Compound COLA  Simple COLA  No COLA or GPO

**Payment Option:** Life Pay  Annual  Semi-Annual  Quarterly  Monthly  
 Limited Pay  10 Pay  To Age 65

Illustrate Specific Companies

Genworth Financial  John Hancock  United Of Omaha  Mass Mutual  Prudential  
 Is there a partner?  
 (even if not applying)\*\*

\*\* (Client may be eligible for a discount even if partner is not applying)

Lincoln Financial "Money Guard Reserve," Genworth "TLC," John Hancock "Life Care," State Life "Asset Care."

**Life/LTC Combo Policy**

Face Amount \$ \_\_\_\_\_ (OR)  Premium Amount \$ \_\_\_\_\_ (OR)  
 Face Amount to provide \$ \_\_\_\_\_ per month of Long Term Care Benefits  
 Single Premium