



Asset-Based

I NEED A LTC QUOTE

FOR IMMEDIATE ASSISTANCE, CALL (800) 728-0994

Normal Delivery: Prepare by End of Next Business Day **Please Call Me** to Discuss My Case **Rush Order:** Prepare by _____

Agent Name _____

Send Quotes To: _____ Preferred Contact Method PHONE FAX EMAIL

Tell Us about Your Client(s)

Client Appointment Date & Time _____

Client Name _____ DOB _____ HT _____ WT _____ Gender M F

Does your client have a spouse/partner? Y N State _____ Tobacco Use? Client Spouse

Spouse's Name (if applying) _____ DOB _____ HT _____ WT _____ Gender M F

Health History Within Last 5 Years (by applicant)* _____

Medications including dosage and length of treatment (by applicant)* _____

*Continue on separate sheet if necessary

POLICY PLAN DESIGN:

Quote Plan With The Following Benefits & Options:

Based on the carriers chosen below we will create as comparable of plans as possible.

Life/LTC Plans – For clients in average or better health ages 40-80.

Funding Vehicle _____ Life Ins Cash/CD IRA/Qualified Other _____

Payment Options _____ Single Pay 20 Pay 10 Pay Continuous Pay

Lump Sum Deposit / Target Premium _____ \$ _____

Requested Death Benefit And/Or LTC Benefits _____ \$ _____

Inflation _____ 5% Compounding 4% 3% None

Annuity/LTC Plans – For clients with more serious health issues, older clients or those have an existing non-qualified annuity they would otherwise use for care. Also those who want to self-insure with limits and extend their funds.

Funding Vehicle _____ Annuity Life Ins Cash/CD IRA/Qualified Other _____

Funding Vehicle Value/ Amt. to Be Transferred _____ \$ _____

Benefits and options may vary by carrier and state. Carrier availability may vary by state and group.

FAX COMPLETED FORM TO HARDING & HARDING @ (330) 499-5829