



TRADITIONAL

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:

Option A.) Design A Plan Within The Client's Budget:

Client can spend up to _____ \$ _____ Self Self & Partner

Option B.) Quote Plan With The Following Benefits & Options:

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

MUTUAL OF OMAHA TRANSAMERICA GENWORTH JOHN HANCOCK

Maximum Monthly Benefit (MMB).....\$ _____ \$1,500 - \$10,000 (\$50 Increments)

Policy Limit.....\$ _____ \$50,000- \$500,000 **OR** 2yr 3yr 4yr 5yr 6yr

Inflation..... Compounding _____ 1% - 5% Lifetime Simple None

Elimination Period Type..... Service Day Calendar Day

Calendar Day Elimination Period (Days)..... 90 30 180 365

Waive Elimination Period for HHC..... Yes No

Assisted Living (Percentage of MMB)..... 100% 75% 50%

Home Health Care (HHC) (Percentage of MMB)..... 100% 75% 50%

Shared Care..... Yes No

Security (Benefits for Uninsured Partner)..... Yes No

Return of Premium Death Benefit (Minus Claims)..... None 3X MMB Death Before 65 Death at Any Age

Additional Requests
can be made on the fax cover sheet or in the body of the email.

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