

INSURANCE DESK

LTC Proposal Request

Date:

Requested By:

Phone:

Fax:

Email:

Illustration Information

Agent:

Proposed Insured Name:

State:

DOB:

Sex:

Male

Female

Smoker:

No

Yes

Underwriting Class:

Preferred Plus

Preferred

Standard

Sub-Standard

Marital Status:

Spouse Applying

Spouse Not Applying

Single

Spouse Name:

State:

DOB:

Sex:

Male

Female

Smoker:

No

Yes

Underwriting Class:

Preferred Plus

Preferred

Standard

Sub-Standard

Daily Benefit:

5% Inflation:

Simple

Compound

HHC%:

Other:

Benefit Period:

2yr

3yr

5yr

Lifetime

Other:

Elimination Period:

30D

60D

90D

180D

Other:

Brief Health History and Special Instructions (Riders, Preferred Companies)/ Medications:

Clicking the submit button will open your default email account. If you do not have an account set up or are not sure, please print out and fax to:

Insurance Desk - Fax toll free to: (866) 557-3375
168 Centre Street · Danvers · MA · 01923

reset

print

submit