



Phone: 952.937.9127
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LTC Insurance Quote Request Form

Today's Date:

Return this completed request form to our office via fax or email and we will provide you with a prompt response!

CLIENT(S) INFORMATION

Phone State

Name Date of Birth:

Height Weight Male Female Email

List of Medications

Brief Medical History

Spouse's Name Male Female Date of Birth:

Height Weight

Spouse's Medications

Spouse's Medical History

POLICY BENEFIT SELECTION

* Contact our office if you need help deciding on the benefits to select. 952.937.9127

Total CASH Benefit: \$100,000 \$200,000 \$300,000 \$500,000 \$1,000,000
Monthly CASH Benefit: \$1,500 \$3,000 \$4,500 \$6,000 \$7,500 \$9,000 \$12,000

\$ 100,000	Options Available:	\$1,500	\$3,000		
\$ 200,000	Options Available:	\$1,500	\$3,000	\$4,500	\$6,000
\$ 300,000	Options Available:	\$3,000	\$4,500	\$6,000	\$7,500
\$ 500,000	Options Available:	\$4,500	\$6,000	\$7,500	\$9,000
\$1,000,000	Options Available:	\$6,000	\$7,500	\$9,000	\$12,000

Elimination Period: 30 Days 60 Days 90 Days

Inflation Protection: None 5% Simple 5% Compound 2x 5% Compound 3% Compound, No Max

Additional Riders: Shared Care Shared Waiver Restorations of Benefits
 Return of Premium Full Return of Premium Survivor Benefit

Premium Payment Option: Lifetime 10 Year Pay Paid up at 65

Desired Rate Class: Standard Preferred