

Long Term Care Illustration Request Form

Producer Information

Date:				
Agent Name:			E-Mail Address:	
Phone:			Fax:	
Street Address	Suite	City	State	Zip Code
Return Method (circle one)	Email	Fax	Mail	Broker Pick-up

Client Information

Insured #1	Insured #2 – Joint
Name:	Name:
DOB:	DOB:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No If you quite smoking, how long has it been?	Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No If you quite smoking, how long has it been?
Build: Height: _____ Weight: _____	Build: Height: _____ Height: _____
Illness, accident or hospitalization in past 10 years:	Illness, accident or hospitalization in past 10 years:
Medications:	Medications:

Carrier Preference: <input type="checkbox"/> Allianz <input type="checkbox"/> John Hancock <input type="checkbox"/> MetLife <input type="checkbox"/> Genworth <input type="checkbox"/> John Hancock <i>Partnership</i> <input type="checkbox"/> MetLife <i>Partnership</i> <input type="checkbox"/> Genworth <i>Partnership</i> <input type="checkbox"/> Prudential
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Plan: <input type="checkbox"/> Individual <input type="checkbox"/> Shared Care
Care Type: <input type="checkbox"/> Facility Only <input type="checkbox"/> 100% Home Health Care <input type="checkbox"/> Other
Benefit Amount: \$_____ <input type="checkbox"/> Daily <input type="checkbox"/> Monthly
Benefit Duration: <input type="checkbox"/> 3yr <input type="checkbox"/> 4yr <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr <input type="checkbox"/> Lifetime <input type="checkbox"/> Other
Elimination Period: <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 180
State of Issue:
Inflation: <input type="checkbox"/> 5% Compound <input type="checkbox"/> 5% Simple <input type="checkbox"/> None
Riders: <input type="checkbox"/> Restoration of Benefits:_____ <input type="checkbox"/> Indemnity <input type="checkbox"/> Return of Premium
Premium Payment Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
Limited Pay Options: <input type="checkbox"/> Lifetime <input type="checkbox"/> 10 Pay <input type="checkbox"/> Pay to 65
Special Instructions:
Supplies: <input type="checkbox"/> Appointment Forms <input type="checkbox"/> Application Packs <input type="checkbox"/> Product Information

Illustration

Thank you for doing business with Trust Financial Services LLC.