

Advisor Data

Advisor Name Lindsey A. Kutscher, CISR Phone 576.469.7001 Email lindsey@mdis4dds.com
 Quote requested by: _____ Phone _____ Email _____

Today's Date: _____ Appointment Date: _____

Client Data

Spouse / Companion Data

Name:	Age:	Name:	Age:
DOB:	Height:	DOB:	Height:
Residence State:	App Signature State:	Weight:	Weight:
Married <input type="radio"/>	Single <input type="radio"/>	Domestic Partner <input type="radio"/>	If domestic partner, how long?
Business Owner?			
If Yes, Business Type:	<input type="radio"/> C-Corp	<input type="radio"/> S-Corp	<input type="radio"/> Professional Corp <input type="radio"/> LLC/LLP <input type="radio"/> Self Employed

Choose Carriers: American General Genworth Genworth TLC Genworth TLCA John Hancock John Hancock Life Care Lincoln MoneyGuard
 MedAmerica Mutual of Omaha Prudential Transamerica United of Omaha United of Omaha Living Care LTCIP Choose

Long-Term Care Benefits Choose Benefits or Target Annual Premium \$ _____					Asset-Based <input type="radio"/> Life <input type="radio"/> Annuity
Benefit Amount	Elimination Period	Benefit Period	Inflation Protection	Additional Riders	<input type="radio"/> Single Premium \$ _____ OR <input type="radio"/> Monthly Benefit \$ _____
<input type="radio"/> \$ _____	<input type="radio"/> 30 days	<input type="radio"/> 2 Year	<input type="radio"/> GPO	<input type="radio"/> Shared Care / Shared Benefit	<input type="radio"/> No Inflation
<input type="radio"/> Daily	<input type="radio"/> 60 days	<input type="radio"/> 3 Year	<input type="radio"/> 5% Simple	<input type="radio"/> Return of Premium	<input type="radio"/> 3% or <input type="radio"/> 5% Simple Inflation
<input type="radio"/> Monthly	<input type="radio"/> 90 days	<input type="radio"/> 4 Year	<input type="radio"/> 3% or <input type="radio"/> 5% Compound	<input type="radio"/> 0-day Home Elimination Period	<input type="radio"/> 3% or <input type="radio"/> 5% Compound Inflation
<input type="radio"/> Cash	<input type="radio"/> 180 days	<input type="radio"/> 5 or 6 Year	<input type="radio"/> None	<input type="radio"/> Survivorship	
	<input type="radio"/> 365 days	<input type="radio"/> Lifetime	<input type="radio"/> Other	<input type="radio"/> Other	
Payment Options: <input type="radio"/> Lifetime Pay <input type="radio"/> 10-Pay <input type="radio"/> Pay to Age 65					Partnership Plan Requested: <input type="radio"/> Yes <input type="radio"/> No

Underwriting Information

Client: Preferred Standard

Spouse / Companion: Preferred Standard

Tobacco use last 5 yrs	Yes <input type="radio"/> No <input type="radio"/> Quit date: _____	Yes <input type="radio"/> No <input type="radio"/> Quit date: _____
Health Conditions & Diagnosis Dates		
Medications—dosage, date started, reason for taking		
Hospitalizations in the last 5 yrs—reasons & dates		

Internal note:

www.ltcipartners.com

