



Long Term Care Quote Request

Agent Information:

Name: _____

Phone# _____ Fax# _____

Street Address _____

City: _____ State: _____ ZIP _____

Email: _____

Client Information:

Name _____ DOB _____ Preferred/Standard

Name _____ DOB _____ Preferred/Standard

State _____ Married: Yes / No

Medical History & Medications:

Policy Information:

Genworth Mutual of Omaha National Guardian Life

TransAmerica Lincoln-MoneyGuard* One America-Asset Care*

Nationwide CareMatters* Minnesota Life Secure Care*

***Hybrid Life/LTC**

Carriers: _____

Reimbursement

Partnership / Non Partnership

Benefit Amount \$ _____

Waiting Period: 30 days / 60 days / 90 days / 180 days / 365 days

Benefit Period: 2yrs. / 3yrs. / 4yrs. / 5 yrs. / 6 yrs.

Inflation: Compound / Simple / CPI / GPO / None

Full Pay Single Pay* Flex Pay*

***Single Pay and Flex Pay Not Available On All Products**