4800 Sugar 4800 Sugar Grove Blvd. Suite
350 Stafford Texas 77477
Voice 713.977.0611
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LTCI Request Form

Broker Name: _______________________Broker Phone: ______________________

Broker Address: ____

Client: __________________________ Date of Birth: ____________Smoker? Y N

Preferred ( ) or Standard ( )

Married? Y N Both Applying? Y N

Spouse: ________________________ Date of Birth: ______________Smoker? Y N

Preferred or Standard

Nursing Facility Benefit: ______________ Home & Community Benefit: ____________

Elimination Period (Days): 30 60 90 180 365 730

0 Day Home Care EP Calendar Day EP

Benefit Duration (Years): 1 2 3 4 5 6 7 Shared Lifetime

OPTIONS: (Circle)

Structure: Partnership Reimbursement Indemnity Cash Benefit

Inflation Protection: Compound Inflation ( ) Simple Inflation ( ) Future Purchase ( )

Non-Forfeiture: Shortened BP ( ) Return of Premium ( )

Premiums: 10 Pay Reduced pay at 65 Age 65 pay Double Pay Discount

Other: Restoration of Benefits Survivorship Shared Care Monthly Benefit

Carrier Preferences: ______________________ ______________________
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Specific Medical Conditions and Medication Prescribed:
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