



Agent Name _____
 Phone _____
 FAX _____
 Email _____
 Would you prefer your quote returned by;

FAX or EMAIL

LONG TERM CARE QUOTE SHEET

(Discount) Partner Status: None Partner Applying

CLIENT

Name _____
 Date of Birth _____ Age _____
 _____ Smoker _____ Non-Smoker
 _____ Height _____ Weight _____ State _____

Health Conditions:

Prescription Drugs:

PARTNER

Name _____
 Date of Birth _____ Age _____
 _____ Smoker _____ Non-Smoker
 _____ Height _____ Weight _____ State _____

Health Conditions:

Prescription Drugs:

LTC Benefit: \$ _____ Daily/Monthly
Benefit Period:
 ⚡ Days: 90 - 180 - 270 - 360
 ⚡ Years: 1-2-3-4-5
Elim Period: 0-20-90-100-180
Inflation: 3% Compound – 5% Compound
 Life – 20 year - None
Rate Class: Preferred–Standard–Rate 1 - 2
Home Health Care: 100 – 50 – None

LTC Benefit: \$ _____ Daily/Monthly
Benefit Period:
 ⚡ Days: 90 - 180 - 270 - 360
 ⚡ Years: 1-2-3-4-5-10 Lifetime
Elim Period: 0-20-90-100-180
Inflation: 3% Compound – 5% Compound
 Life – 20 year - None
Rate Class: Preferred–Standard–Rate 1 - 2
Home Health Care: 100 – 50 – None

◆ Please note that all benefits are not available with every company ◆

For Quickest Results **FAX to Emrick Insurance Marketing Group at:**

217-833-2046

or call:

800-247-6740