



Fax: 614.471.7196
Secure Email: info@ialtc.com

Agent Use Only:
Agent Name: \_\_\_\_\_ Date: \_\_\_\_\_
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Long Term Care Insurance Quote Request Form \*\*\*Please Fax or send via Secure Email\*\*\*

Please call with any questions regarding completion of this form. 800.471.719

Assets looking to protect? \$ \_\_\_\_\_ Budget available? \$ \_\_\_\_\_ mo / yr
Single Premium Dump? Y / N

Client's care goals: Stay at Home: Y / N Care by Family Members: Y / N

Does this client own a business with 3 or more employees? Y / N (Additional discounts/concessions available)

Client: Name: \_\_\_\_\_ State: \_\_\_\_\_ Spouse: Name: \_\_\_\_\_ State: \_\_\_\_\_

DOB: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ DOB: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Tobacco Use: Y / N Quit? Y / N If Yes, when? \_\_\_\_\_ Tobacco Use: Y / N Quit? Y / N If Yes, when? \_\_\_\_\_

Client Spouse/Partner

- 1. Do you currently require human assistance or supervision in order to perform any of the following activities: bathing, dressing, eating, getting out of bed/chair, walking, or toileting?
2. Have you had Cancer? If yes: Stage cancer reached? \_\_\_\_\_ Metastatic? Y / N
Treatments finished date: \_\_\_\_\_ Reoccurrence? Y / N
3. Diabetes: If yes: Type: \_\_\_\_\_ A1C: \_\_\_\_\_ Fasting Blood Sugar: \_\_\_\_\_
4. Do you have any scheduled or recommended treatments or surgeries? (List below)
5. Family History of Alzheimer's or Dementia? (Does not preclude client from coverage)
6. Have you ever been diagnosed or treated by a health care professional for any major medical condition(s)? Please list below.
7. Are you taking Rx medications? If yes, please list all medications below, along with condition each was prescribed for and dosage amounts.

Details to "YES" answers above and ALL medications taken

Client: \_\_\_\_\_
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Spouse/Partner: \_\_\_\_\_
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Agents additional info / requests: \_\_\_\_\_

Upon receipt we will prequalify your applicant(s). We will then provide you quotes that best meet your clients' needs in cost and function, sales support material, and application.

IA use only: MP \_\_\_\_\_ MB \_\_\_\_\_ BB \_\_\_\_\_
Class \_\_\_\_\_ 3% GPO SC
GW JH LS MA MOO MM SL TA TLC APC



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**Continued:**

Client: \_\_\_\_\_  
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Spouse/Partner: \_\_\_\_\_  
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Case Info: \_\_\_\_\_  
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Agents additional info / requests: \_\_\_\_\_

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