



Agent Request for Long-Term Care Insurance Illustration

Agent's Name: _____	Phone #: _____
Agency Name: _____	Email: _____
Date/Time Needed: _____ Send via: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Pick Up	Fax: _____
Are you current on your LTCi Certification Training? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

Client Name 1: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB: _____	Tobacco User: <input type="checkbox"/> Yes <input type="checkbox"/> No Last Used _____
Client Name 2: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB: _____	Tobacco User: <input type="checkbox"/> Yes <input type="checkbox"/> No Last Used _____
Resident State: _____	Domestic Status: <input type="checkbox"/> Single <input type="checkbox"/> Married but partner not applying (Why partner is not applying?) _____ <input type="checkbox"/> Married/Legal Partners _____		

Notes/Health Info: _____

<input type="checkbox"/> Traditional LTCi Quote <i>Unless indicated otherwise, we will quote the following:</i>	<input type="checkbox"/> Combo (Life + LTC Rider) Quote <i>Unless indicated otherwise, we will quote the following:</i>
Max Monthly Benefit: \$4,500 _____ Benefit Increase Option: 3% or 5% compound _____ Benefit Period: 5 years _____ Shared (for couples) <input type="checkbox"/> Elimination Period: 90 days _____ Payment Mode: Annual _____ Payment Period: Lifetime (unless on claim) _____ <i>(10-year pay is available only with NGL)</i>	Payment Period: Single 10 Pay Continuous Pay Where will the funds be coming from? 1035 Exchange: _____ Assets: _____ Premium Amount: _____ <i>Minimum face amount is \$50,000 for each insured.</i> Accelerated Death Benefit: 2-years _____ Extension of Benefits: 4-years _____ Benefit increase option: None _____

Carriers: Genworth, LifeSecure, Mutual of Omaha, NGL, Transamerica	Carriers: MoneyGuard, Nationwide CareMatters, NGL, State Life AssetCare, Mass Mutual, and More
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Special Considerations:	Budget: _____ In what state do they plan to receive care? _____ Do they own a business? <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp/Pass-thru Other: _____ _____
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Return via email to: Joey Frey joeyf@urlinsgroup.com	Or fax to: 717-540-5628 ATTN: LTCi Sales
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Please note:
 Unless indicated or a [pre-qualification form](#) is completed, we will assumed a standard UW class.
 We will run the most competitive carriers unless you indicate a preference.
 Comprehensive coverage will be quoted unless otherwise requested (i.e. 100% home and facility coverage).
 If you have requested a combo quote, please consider answering these [supplemental questions](#) to help us better assist you.