

# National Insurance Brokerage Long-Term Care Proposal Request

E-mail to [illustrations@niblfe.com](mailto:illustrations@niblfe.com) or fax to 407-455-7766

Agent Name: \_\_\_\_\_ Date Needed: \_\_\_\_\_ Method of Delivery: \_\_\_\_\_  
Send Application / Brochure Kit? \_\_\_\_\_ Contracting Needed: \_\_\_\_\_ Partnership CE Completed: \_\_\_\_\_

Client #1 Name: _____ Date of Birth / Age: _____ Height: _____ Weight: _____ State of Residence: _____ <input type="checkbox"/> Preferred <input type="checkbox"/> Standard <input type="checkbox"/> Rated <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker Health conditions (please include onset and other available information) _____ _____ All medications currently taking and dosages: _____ _____ Family medical history: _____ _____	Client #1 Name: _____ Date of Birth / Age: _____ Height: _____ Weight: _____ State of Residence: _____ <input type="checkbox"/> Preferred <input type="checkbox"/> Standard <input type="checkbox"/> Rated <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker Health conditions (please include onset and other available information) _____ _____ All medications currently taking and dosages: _____ _____ Family medical history: _____ _____
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**Please Pick Company & Product for Me (If you select this option, we will run as detailed below. No further information is needed)**

\$4500/mo or \$150 a day for home health care, assisted living & nursing home

90-day Elimination Period

(4 plus 4 year) be

nefit shared plan for couples

Compound Inflation for age 60 or younger

(5 year) benefit plan for individuals

Compound or Simple Inflation for ages 61-75

**Or Choose Your Benefit Options Below:**

**Benefit Amount Per Day:** \$ \_\_\_\_\_ (usually around \$4500/mo or \$150/day)

**Length of Coverage:**  2 Year  3 year  4 Year  5 Year  6 Year  10 Year  With Shared Care  
 Unlimited (*Unlimited only available at Genworth, Mutual of Omaha & Prudential*)

**Elimination Period:**  0 Day  30 Day  60 Day  90 Day  180 Day  365 Day (*365 day option available only with John Hancock*)

**Home Healthcare:**  100%

**HHC Elimination:**  Zero  Joint Waiver  Additional Cash Rider \_\_\_% of Premium & Survivorship Rider

**Riders:**  Compound COLA  Simple COLA  No COLA or GPO

**Payment Option:**  Life Pay  Annual  Semi-Annual  Quarterly  Monthly  
 Limited Pay  10 Pay  To Age 65

**Is there a partner?**  Yes  No (*Client may be eligible for a discount even if partner is not applying*)

**Illustrate Specific Companies (Choose from companies below)**

Genworth Financial  John Hancock  United Of Omaha  Allianz  Prudential

**Life/LTC Combo Policy:** Lincoln Financial "MoneyGuard Reserve," Genworth "TLC," or John Hancock "Life Care"

Face Amount \$ \_\_\_\_\_ (OR)  Premium Amount \$ \_\_\_\_\_ (OR)  Face Amount to Provide \$ \_\_\_Per Month of LTC Benefits (OR)  
 Single Premium