



16 S. Broad St. Suite 1  
 Elkhorn, WI 53121  
 Phone: 888-799-6792 or 262-723-3331  
 Fax: 855-676-1965  
 Email: lori@sierrainsurancemarketing.com

### LTC Quote Request

<b>Agent Name:</b>		<b>Date of request:</b>		<b>Appointment Date:</b>	
<b>Phone:</b>		<b>Email:</b>			
<b>Client Information:</b>				<b>Spouse/Companion Information:</b>	
<b>Name:</b>		<b>Age:</b>		<b>Name:</b>	
<b>DOB:</b>		<b>Height:</b>		<b>Age:</b>	
<b>DOB:</b>		<b>Weight:</b>		<b>DOB:</b>	
<b>State of Residence:</b>		<b>App Signature State:</b>		<b>Height:</b>	
Married <input type="checkbox"/>		Single <input type="checkbox"/>		Domestic Partner: <input type="checkbox"/>	
Business Owner?		If yes, Business type:		If Domestic Partner, how long?	
		C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> Professional Corp <input type="checkbox"/> LLC/LLP <input type="checkbox"/>		Self Employed <input type="checkbox"/>	
<b>Long Term Care Benefits: Choose Benefits or Target Premium \$ _____</b>				<b>Asset-Based <input type="checkbox"/> Life <input type="checkbox"/> Annuity <input type="checkbox"/></b>	
<b>Benefit Amount</b>	<b>Elimination Period</b>	<b>Benefit Period</b>	<b>Inflation Protection</b>	<b>Additional Riders</b>	<b>OR</b>
<input type="checkbox"/> \$	<input type="checkbox"/> 30 Days	<input type="checkbox"/> 2 Year	<input type="checkbox"/> GPO	<input type="checkbox"/> Shared Care/Shared Benefit	<input type="checkbox"/> Single Premium \$ _____
<input type="checkbox"/> Daily	<input type="checkbox"/> 60 Days	<input type="checkbox"/> 3 year	<input type="checkbox"/> 5% Simple	<input type="checkbox"/> Return of Premium	<input type="checkbox"/> Monthly Benefit \$ _____
<input type="checkbox"/> Monthly	<input type="checkbox"/> 90 Days	<input type="checkbox"/> 4 Year	<input type="checkbox"/> 3% <input type="checkbox"/> 5% Compound	<input type="checkbox"/> 0-day Home Elimination Period	<input type="checkbox"/> No Inflation
<input type="checkbox"/> Cash	<input type="checkbox"/> 180 Days	<input type="checkbox"/> 5 or 6 Year	<input type="checkbox"/> None	<input type="checkbox"/> Survivorship	<input type="checkbox"/> 3% or <input type="checkbox"/> 5% Simple Inflation
	<input type="checkbox"/> 365 Days	<input type="checkbox"/> Lifetime	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 3% or <input type="checkbox"/> 5% Compound Inflation
<b>Payment Options:</b>		<input type="checkbox"/> Lifetime Pay <input type="checkbox"/> 10 Pay <input type="checkbox"/> Pay to Age 65		<b>Partnership Plan Requested: Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<b>Underwriting Information:</b>		<b>Client:</b> Preferred <input type="checkbox"/> Standard <input type="checkbox"/>		<b>Spouse / Companion:</b> Preferred <input type="checkbox"/> Standard <input type="checkbox"/>	
Tobacco use last 5 yrs.		Yes <input type="checkbox"/> No <input type="checkbox"/> Quit Date _____		Yes <input type="checkbox"/> No <input type="checkbox"/> Quit Date _____	
<b>Health Conditions &amp; Diagnosis Dates</b>					
<b>Medications-dosage, date started, reason for taking</b>					
<b>Hospitalizations in last 5 yrs.-Reasons &amp; dates</b>					