

LTCi Proposal Request



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 Schaumburg, IL 60173-4945
 Phone: 800.605.7566
 Fax: 847.619.9592
 www.resourcebrokerage.com

Broker's Name:	Broker's Phone:	Broker's Fax:
Broker's Email:	Return Quote by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	Date Needed:

Preferred Company?:

Insured I:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB: (m/d/yy)
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General Health Status & Build:

Medications:	Tobacco/Nicotine: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Insured II:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB: (m/d/yy)
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General Health Status & Build:

Medications:	Tobacco/Nicotine: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Benefit Type (i.e. daily, monthly, cash):	Benefit Period (i.e. 5yrs, lifetime):	Elimination Period:
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Inflation Protection: <input type="checkbox"/> Simple <input type="checkbox"/> Compound <input type="checkbox"/> Purchase Option	Other Riders Requested:
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If your client has had any of the following medical conditions please contact Ron Cohen for a Preliminary review:

Alcoholism/drug Emphysema/COPD Lymphoma Mental Illness amputation Angioplasty or Heart surgery Asthma/Lung issues	Brain disorder Stroke Cardiac issues Cancer COPD/CHF Depression Hodgkin's Disease	Immune System Disorders Joint replacement Arthritis Leukemia Obesity Diabetes Bone, Back or Spine Conditions
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