



Long Term Care Insurance Proposal Request Form

Agent Name _____ **Date Needed** _____
Phone # _____ **Fax #** _____
Agent LTC licensed? _____ **Email** _____

Specific Carriers Requested: _____

Client Name _____ **DOB** _____ **Smoker?** _____
State of Residence _____
Benefit Amount _____
Benefit Duration _____
Elimination Period _____
Inflation _____
Discounts _____

Spouse Name _____ **DOB** _____ **Smoker?** _____
Benefit Amount _____
Benefit Duration _____
Elimination Period _____
Inflation _____
Discounts _____

Special Considerations:
Size of estate, income, or premium limit? _____

Medications _____ **Medications Spouse** _____

Serious illness, accident or hospitalization in last five years? _____

FAX requests to 860-394-4948 or e-mail to jon@wardbrokerage.com
Quotes will be completed within 24 hours. All quotes will be based on standard health.