



America's Long Term Care Insurance Experts Individual LTCi Health Pre-screen & Quote Request Form

AGENT NAME _____ **E-Mail** _____ **Phone** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

Daily Benefit Amount _____ Elimination Period _____ Benefit Period _____

HHC% _____ Cash Benefit? _____ Shared Benefits? _____ Inf Protection Option? _____

CLIENT #1

CLIENT #2

| | | | |
|--|--------------------------------|--|--------------------------------|
| NAME: | | NAME: | |
| DATE OF BIRTH: | | DATE OF BIRTH: | |
| STATE: | | STATE: | |
| MARRIED: Y or N | SPOUSE APPLYING: Y or N | MARRIED: Y or N | SPOUSE APPLYING: Y or N |
| HEIGHT: | WEIGHT: | HEIGHT: | WEIGHT: |
| Medications/Dosages/Reason for taking: | | Medications/Dosages/Reason for taking: | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |
| Tobacco Use Last 12 months? Yes___ No___ | | Tobacco Use Last 12 months? Yes___ No___ | |
| INDICATE IF YOU HAVE BEEN MEDICALLY DIAGNOSED OR TREATED FOR ANY OF THE CONDITIONS BELOW: | | INDICATE IF YOU HAVE BEEN MEDICALLY DIAGNOSED OR TREATED FOR ANY OF THE CONDITIONS BELOW: | |
| Abnormal Blood Pressure | Yes No | Abnormal Blood Pressure | Yes No |
| Diabetes | Yes No | Diabetes | Yes No |
| Heart or Circulatory Disorder | Yes No | Heart or Circulatory Disorder | Yes No |
| Cancer | Yes No | Cancer | Yes No |
| Chronic Respiratory Disorder | Yes No | Chronic Respiratory Disorder | Yes No |
| Stroke or TIA | Yes No | Stroke or TIA | Yes No |
| Falling or Unstable Gait | Yes No | Falling or Unstable Gait | Yes No |
| Dizziness or Fainting | Yes No | Dizziness or Fainting | Yes No |
| Confusion or Memory Loss | Yes No | Confusion or Memory Loss | Yes No |
| Weakness or Fatigue | Yes No | Weakness or Fatigue | Yes No |
| Bladder or Bowel Control | Yes No | Bladder or Bowel Control | Yes No |
| Neurological Disorder | Yes No | Neurological Disorder | Yes No |
| Scheduled treatment or surgery | Yes No | Scheduled treatment or surgery | Yes No |

Upon receipt we will prequalify your applicant(s). Then we will provide you with the following: 3 quotes from the suggested carrier based on LTC costs in your area, sales support material, application, brochure & agent contract. List additional information or requests here: _____
