

**Request for LTCi Proposal**

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**Advisor Data**

Advisor Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Client Data**

Name \_\_\_\_\_ Age \_\_\_\_\_  
DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Residence State \_\_\_\_\_ App Signature State \_\_\_\_\_

**Partner Data**

Name \_\_\_\_\_ Age \_\_\_\_\_  
DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Medical Underwriting**

**Client** **Partner**

Health Conditions & Diagnosis Dates

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Medications - Dosage, Date Started, Reason

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Hospitalizations In The Last 5 Years

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Partner Status	Tobacco	Business Owner
Married <input type="radio"/>	Yes <input type="radio"/>	C-Corp <input type="radio"/> LLC/LLP <input type="radio"/>
Single <input type="radio"/>	No <input type="radio"/>	S-Corp <input type="radio"/> Self <input type="radio"/>
Domestic Partner <input type="radio"/>		Prof Corp <input type="radio"/>

**Target Premium** \$ \_\_\_\_\_

Benefit Amount	Elimination Period	Benefit Period
\$ _____	30 Days <input type="radio"/>	2 Yr <input type="radio"/> 6 Yr <input type="radio"/>
Daily <input type="radio"/>	60 Days <input type="radio"/>	3 Yr <input type="radio"/> 8 Yr <input type="radio"/>
Monthly <input type="radio"/>	90 Days <input type="radio"/>	4 Yr <input type="radio"/> 10 Yr <input type="radio"/>
Cash <input type="radio"/>	180 Days <input type="radio"/>	5 Yr <input type="radio"/> Lifetime <input type="radio"/>
	365 Days <input type="radio"/>	

Inflation Protection	Additional Riders	Additional Supplies
GPO <input type="radio"/>	Shared Care <input type="radio"/>	Illustration <input type="radio"/>
CPI <input type="radio"/>	Return of Premium <input type="radio"/>	Spreadsheet <input type="radio"/>
5% Flat <input type="radio"/>	0 Day Home EP <input type="radio"/>	Application <input type="radio"/>
3% <input type="radio"/>	Survivorship <input type="radio"/>	Brochure <input type="radio"/>
5% <input type="radio"/>	Other <input type="radio"/>	Contract <input type="radio"/>
None <input type="radio"/>		