Request for Long Term Care Insurance Proposal

Email completed form to your Whorton Insuance Services representative, or fax to: 512.338.1196

Email Form

AGENT INFORMATION

Agent Name: Whorton Insurance Services Phone #: 512.338.1191 Email HealthPlans@whortonins.com

CLIENT INFORMATION

Name: _____ Age: _____

DOB:_____ Height: _____ Weight:_____

Residence State: _____

Phone #: _____

SPOUSE / COMPANION INFORMATION

Name: _____ Age: _____

DOB:_____ Height: _____ Weight:_____

Residence State: _____

Phone #: _____

Married ☐ Single ☐ Domestic Partner If domestic partnership, how long:

Does the client own a business? Yes ☐ No ☐

Business type: ☐ C-Corp ☐ S-Corp ☐ Professional Corp ☐ LLC/LLP ☐ Self-Employed

PRODUCT INFORMATION

Choose product: ☐ Traditional LTC ☐ Life Insurance with LTC Rider

Payment options: ☐ Lifetime pay ☐ 10-pay ☐ Pay to age 65

LONG TERM CARE BENEFITS Choose Benefits:

Benefit Amount	Elimination Period	Benefit Period	Inflation Protection	Additional Riders	Asset Based Life
$ _____ ☐ Daily ☐ Monthly ☐ Cash	☐ 30 days ☐ 60 days ☐ 90 days ☐ 180 days ☐ 365 days	☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years ☐ 6 years ☐ Lifetime	☐ GPO ☐ 5% Simple Compound ☐ 3% ☐ 5% ☐ None ☐ Other _____	☐ Shared Care/Shared Benefit ☐ Return of Premium ☐ 0-day home elimination period ☐ Survivorship ☐ Other _____	☐ Single Prem _____ or ☐ Monthly Benefit _____ ☐ No inflation Simple Inflation ☐ 3%, ☐ 5% Compound Inflation ☐ 3% ☐ 5%

UNDERWRITING INFORMATION **Client:** ☐ Preferred ☐ Standard **Spouse/Companion:** ☐ Preferred ☐ Standard

Tobacco use last 4 Years	Yes ☐ No ☐ Quit Date:	Yes ☐ No ☐ Quit Date:
Health Conditions & diagnosis dates		
Medications dosage, date started, reason for taking		
Hospitalizations in the last 5 years reasons & dates		

PLEASE NOTE: Completing this form does not constitute any coverage. Coverage will not begin until underwriting is complete and accepted.