

Long Term Care Insurance Quote Request Form

LWT

Leisure Werden & Terry

Date: _____

Please print legibly to avoid delayed quote delivery.

Agent Information

Name: _____ Phone Number: _____

Agent License Number (mandatory for FL and CA producers): _____

Company Name: _____

Email: _____

Client Information

Name: _____ Gender: Male Female

Date of Birth: _____ Age: _____ Smoker: Yes No

Marital Status: _____ Is the client's spouse applying? Yes No
Discounts may apply even if spouse is not applying.

If spouse is applying, please provide the following information:

Spouse's Name: _____ Gender: Male Female

Date of Birth: _____ Age: _____ Smoker: Yes No

Client's Resident State: _____ State where application will be signed: _____
If an application is signed in a state other than the client's resident state, a valid reason must be provided.

Policy Options

Desired Premium Range _____

Which carriers are you appointed with through us? _____

Policy Type: Individual Shared Benefit Type: Monthly Daily

Nursing Home Daily Benefit: \$ _____ Nursing Home Benefit Duration: _____ Years

Home Health Care Coverage: 50% 75%/80% 100%

Elimination Period: _____ Days Waiver of Elimination Period for HHC

Inflation Protection Option: Simple Compound _____% GPO None

Riders: Survivorship Joint Waiver of Premium Nonforfeiture

Special Notes: _____

Please note: We will only quote a standard rate unless advised otherwise.

Please email completed form to LTCsales@lwtsolutioncenter.com or fax completed form to 800.486.6585.

Questions? Contact us at 800.998.3382, Option 3, then Option 1 for Sales, Option 2 for New Business.