

Long Term Care Insurance Quote Request Form

Please print legibly, failure to do so may result in incorrect or delayed quote delivery.			Date:		
AGENT INFORMATION					
Name:		Telephone:		Ext.:	
Agent License Number (mandato	ry for FL and (CA producers):			
Company Name:		Affiliation:			
Email:					
CLIENT INFORMATION					
Name:				□ Male	☐ Female
Date of Birth:	Age:	Sm	oker: □Yes □No		
Marital Status:		Is Client's Spouse Discounts may apply	Applying? \Box Yes \Box l even if spouse is not applying	No g.	
If spouse is applying, please provid	le the following	g information:			
Spouse's Name:				☐ Male	☐ Female
Date of Birth:	_				
Client's Resident State:	S f	tate where application will be an application is signed in a state o	oe signed: ther than the client's residen	t state, a valid re	eason must be provided.
POLICY OPTIONS					
Carriers You Would Like Quoted:					
Target Premium/Desired Premiur	m Range:				
Nursing Home Monthly Benefit:	\$	Nursing Ho	me Benefit Duration: _	Y	rs. (1,2,3,4,5,6, lifetime)
Home Health Care Coverage:	50%	75 - 80% 100%			
Elimination Period:	_Days				
Inflation Protection Option:	Compound	%			
Riders: Shared Care Wa	iver of Elimina	ation Period for Home Care	□Survivorship		
☐ Joint Waiver of Premiu	ım □No	nforfeiture			
☐ I would like Tellus to call me to	discuss availa	ble long term care insurance	options.		
Special Notes:		<u> </u>	1		
DI	standard rata	unless a completed Medical Hi	istory Form is provided a	long with this	Overte Begyest Ferm

Please send this completed Medical History Form in an encrypted email to Itcillustrations@tellusbrokerage.com or fax to 717.703.4722. If you have additional questions, please contact the Tellus LTC Solution Center Sales Desk at

Applications and brochures can be downloaded from the Tellus website -- select LTC, then Forms.



800.883.8744, option 3, option 4



Itcillustrations@tellusbrokerage.com





Linked Benefit Quote Request Form

Please print legibly, failure to do so may result in incorrect or delayed quote delivery.			Date:		
AGENT INFORMATION					
Name:		•			
Agent License Number (mandat					
Company Name:					
Email:		_			
CLIENT INFORMATION					
Name:				☐ Male ☐	☐ Female
Date of Birth:	Age:	Smoker	r: □Yes □No		
Marital Status:		_ Is Client's Spouse Ap Discounts may apply even	olying? \Box Yes \Box I if spouse is not applying	No g.	
If spouse is applying, please prov	ride the following inforr	mation:			
Spouse's Name:				□Male	Female
Date of Birth:					
Client's Resident State:	State w If an appli	here application will be si cation is signed in a state other	gned: than the client's residen	t state, a valid reasc	on must be provided.
POLICY OPTIONS					
POLICY OPTIONS Hybrid Policy Type:					
Hybrid Policy Type:					
Hybrid Policy Type: Premium Deposit:	: \$				
Hybrid Policy Type: Premium Deposit: Nursing Home Monthly Benefit: Premium: Qualified	: \$ Non-QualifiedYrs.	 1035 Exchange	_ : □Yes □No		
Hybrid Policy Type: Premium Deposit: Nursing Home Monthly Benefit: Premium: Qualified	: \$ Non-Qualified Yrs. Yes No	1035 Exchange	_ : □Yes □No te is desired?:		
Hybrid Policy Type: Premium Deposit: Nursing Home Monthly Benefit: Premium: Qualified	: \$ Non-Qualified Yrs. Yes No	1035 Exchange	_ : □Yes □No te is desired?:		
Hybrid Policy Type: Premium Deposit: Nursing Home Monthly Benefit: Premium: Qualified	: \$ Non-Qualified Yrs. Yes \[\] No \[\] Flex Pay	1035 Exchange	_ : □Yes □No te is desired?: □ Life Pay		
Hybrid Policy Type: Premium Deposit: Nursing Home Monthly Benefit: Premium:	: \$ I Non-Qualified Yrs. I Yes INO I Flex Pay plan.	1035 Exchange If yes, what inflation ra # of years	: □Yes □No te is desired?: □ Life Pay (OneAmerica)		
Hybrid Policy Type: Premium Deposit: Nursing Home Monthly Benefit: Premium:	: \$ Non-Qualified Yrs. Yes No Flex Pay plan. o discuss available lon	1035 Exchange If yes, what inflation ra # of years g term care insurance opt	: □Yes □No te is desired?: □ Life Pay (OneAmerica)		
Hybrid Policy Type: Premium Deposit: Nursing Home Monthly Benefit: Premium:	: \$ Non-Qualified Yrs. Yes No Flex Pay plan. o discuss available lon	1035 Exchange If yes, what inflation ra # of years g term care insurance opt	: □Yes □No te is desired?: □ Life Pay (OneAmerica)		
Hybrid Policy Type: Premium Deposit: Nursing Home Monthly Benefit: Premium:	: \$ Non-Qualified Yrs. Yes No Flex Pay plan. o discuss available lon	1035 Exchange If yes, what inflation ra # of years g term care insurance opt	: □Yes □No te is desired?: □ Life Pay (OneAmerica)		
Hybrid Policy Type: Premium Deposit: Nursing Home Monthly Benefit: Premium:	: \$ Non-Qualified Yrs. Yes No Flex Pay plan. o discuss available lon	1035 Exchange If yes, what inflation ra # of years g term care insurance opt	: □Yes □No te is desired?: □ Life Pay (OneAmerica)		

Applications and brochures can be downloaded from the Tellus website -- select LTC, then Forms.

Please note: Tellus will only quote a standard rate unless a completed Medical History Form is provided along with this Quote Request Form.

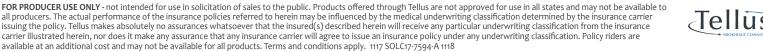
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ltcillustrations@tellusbrokerage.com







Long Term Care Insurance Medical History Form

Please print legibly. If spouses are both applying, please complete a form for each client.

Should you need to provide more det	taits on any medical co	naitions, piease attach adi	aitionai sneets.	Date:
AGENT INFORMATION				
Name:		Telephone:		Fax:
Email:				
CLIENT INFORMATION				
Name:			Date of Birth:	Age
	Marital Status:			
Height:				
Smoker: ☐ Yes ☐ No	o If client has qu	it smoking, how long	has it been since last use?: _	
				Date of Onset:
Medical Condition:				Date of Onset:
Medical Condition:				Date of Onset:
Medical Condition:				Date of Onset:
CURRENT MEDICATIONS	AND HOSPITA	LIZATION HISTOR	RY	
Medication:	Taken	For:	Dosage:	Frequency:
Medication:	Taken For:		Dosage:	Frequency:
Medication:	Taken	For:	Dosage:	Frequency:
Medication:	Taken	For:	Dosage:	Frequency:
Medication:	Taken	For:	Dosage:	Frequency:
Medication:	Taken For:		Dosage:	Frequency:
Medication:	Taken	For:	Dosage:	Frequency:
5		5		
Date of Hospitalization:				
Result:				
Date of Hospitalization:				
·				
Result:				
·				
Result:				
Special Notes.				

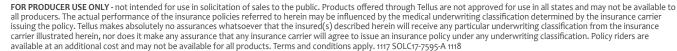
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Daily Benefit

Long Term Care Insurance Coverage Waiver

Long Term Care insurance (LTCi) is an important part of your retirement portfolio. One of the greatest threats to retirees today is the possibility of outliving their money. LTCi provides funds for care when it's needed, protecting income for a surviving spouse and substantially reducing the loss of value in the estate due to long term care costs. It is equally as beneficial to single individuals, and those who are not concerned with leaving a legacy, by protecting assets should the individual recover from the long term care event.

We recommend the purchase of LTCi for your portfolio. Recognizing that there are a variety of benefit options available with LTCi, the following helps explain the differing benefit levels that may be purchased:

The average cost for a semi-private nursing home bed in the custodial unit of a local nursing hom	
Daily Benefit \$ City & State	
Inflation Protection: (check one) 5% compound inflation option - keeps your current daily benefit up with the cost of care, or 3% inflation option - keeps your daily benefit current with the cost of care, or Higher daily benefit - an alternative to inflation protection. Each choice is age-based and the value of a particular inflation protector relates to the age of the	
Elimination Period: By selecting a waiting period shorter than 90 or 100 days, larger out of pocket costs can be insure premium.	ed for less additional
Home Health Care: Home health care is a viable care option for most people. Because home health care can be more care when many hours of care are needed, home health care may be chosen at 100% of the nurs	
Guaranteed Renewable: Please be advised that the majority of LTCi programs do not guarantee that the premium will rer however, guarantee that your policy will remain in force if you meet your scheduled premium pa cannot be raised based upon your health or age.	
ACCEPT: I have read the above information and understand choose the LTC benefit levels and I recognize that such choices may not fully protect my financia Signature: Witness Signature:	I portfolio in the future.
DECLINE: I have read the above information and have decide	ed NOT to add Long
Term Care insurance to my portfolio.	Data
Signature:	Date://

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