



# 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 (mandatory for FL and CA producers): \_\_\_\_\_

Company Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Email: \_\_\_\_\_

## CLIENT INFORMATION

Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Smoker:  Yes  No

Marital Status: \_\_\_\_\_ Is 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: \_\_\_\_\_  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

Carriers You Would Like Quoted: \_\_\_\_\_

Target Premium/Desired Premium Range: \_\_\_\_\_

Nursing Home Monthly Benefit: \$ \_\_\_\_\_ Nursing Home Benefit Duration: \_\_\_\_\_ Yrs. (1,2,3,4,5,6, lifetime)

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

Elimination Period: \_\_\_\_\_ Days

Inflation Protection Option:  Compound \_\_\_\_\_%  None

Riders:  Shared Care  Waiver of Elimination Period for Home Care  Survivorship  
 Joint Waiver of Premium  Nonforfeiture

I would like Tellus to call me to discuss available long term care insurance options.

Special Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please note: Tellus will only quote a standard rate unless a completed Medical History Form is provided along with this Quote Request Form.  
Applications and brochures can be downloaded from the Tellus website -- select LTC, then Forms.*

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

800.883.8744, option 3, option 4

[Itcillustrations@tellusbrokerage.com](mailto:Itcillustrations@tellusbrokerage.com)

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# Linked Benefit 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 (mandatory for FL and CA producers): \_\_\_\_\_

Company Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Email: \_\_\_\_\_

## CLIENT INFORMATION

Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Smoker:  Yes  No

Marital Status: \_\_\_\_\_ Is 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: \_\_\_\_\_  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

Hybrid Policy Type: \_\_\_\_\_

Premium Deposit: \_\_\_\_\_

Nursing Home Monthly Benefit: \$ \_\_\_\_\_

Premium:  Qualified  Non-Qualified 1035 Exchange:  Yes  No

Benefit Period: \_\_\_\_\_ Yrs.

Inflation Protection Option:  Yes  No If yes, what inflation rate is desired?: \_\_\_\_\_

Payment Period:  Single Pay  Flex Pay \_\_\_\_\_ # of years  Life Pay  
*(OneAmerica)*

I would like Tellus to design a plan.

I would like Tellus to call me to discuss available long term care insurance options.

Special Notes: \_\_\_\_\_

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# 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 details on any medical conditions, please attach additional sheets.

Date: \_\_\_\_\_

## AGENT INFORMATION

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## CLIENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Resident State: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender:  Male  Female  
Smoker:  Yes  No If client has quit smoking, how long has it been since last use?: \_\_\_\_\_  
Medical Condition: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
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Medical Condition: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

## CURRENT MEDICATIONS AND HOSPITALIZATION HISTORY

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: \_\_\_\_\_

Date of Hospitalization: \_\_\_\_\_ to \_\_\_\_\_ Reason: \_\_\_\_\_  
Result: \_\_\_\_\_

Date of Hospitalization: \_\_\_\_\_ to \_\_\_\_\_ Reason: \_\_\_\_\_  
Result: \_\_\_\_\_

Date of Hospitalization: \_\_\_\_\_ to \_\_\_\_\_ Reason: \_\_\_\_\_  
Result: \_\_\_\_\_

Date of Hospitalization: \_\_\_\_\_ to \_\_\_\_\_ Reason: \_\_\_\_\_  
Result: \_\_\_\_\_

Special Notes: \_\_\_\_\_  
\_\_\_\_\_

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# 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:

### Daily Benefit

The average cost for a semi-private nursing home bed in the custodial unit of a local nursing home is:

Daily Benefit \$ \_\_\_\_\_ City & State \_\_\_\_\_.

*A higher daily benefit may be needed if a private room is desired, if higher levels of care are needed, if the facility is a religious or fraternal association or has a waiting list, or if you decide to retire in another state. There can also be other variables that may make the daily cost of facility care higher than average.*

### 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 insured.

### Elimination Period:

By selecting a waiting period shorter than 90 or 100 days, larger out of pocket costs can be insured for less additional premium.

### Home Health Care:

Home health care is a viable care option for most people. Because home health care can be more expensive than facility care when many hours of care are needed, home health care may be chosen at 100% of the nursing home daily benefit.

### Guaranteed Renewable:

Please be advised that the majority of LTCi programs do not guarantee that the premium will remain level. They do, however, guarantee that your policy will remain in force if you meet your scheduled premium payments. Premiums cannot be raised based upon your health or age.

### ACCEPT:

I \_\_\_\_\_ have read the above information and understand the benefit levels. I will choose the LTC benefit levels and I recognize that such choices may not fully protect my financial portfolio in the future.

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

### DECLINE:

I \_\_\_\_\_ have read the above information and have decided NOT to add Long Term Care insurance to my portfolio.

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

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