

SAVE AS CLIENT NAME AND PLEASE
EMAIL THAT COPY TO: IANH@TARGETINS.COM



1023 Mumma Rd, Suite 202
 Lemoyne, PA 17043
 Phone: (717) 737-3060 xt305
 Toll Free: (877) 777-3512 xt 305
 Fax: (717) 737-3060

Request Date: _____ Need by Date: _____
 Agent Name: _____
 Address: _____
 Town/City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-Mail Address: _____

Please check carrier(s) requested (Maximum of 3)*:

J. Hancock - Custom Care II Enh. Leading Edge
Genworth - Privileged Choice Classic Select
Prudential - LTC 3
Lincoln Financial – Moneyguard

MetLife VIP 2 - Value Ideal Premier
Mutual of Omaha - LTC 2 1 Max Mutual Care
Great American**- Flexible Benefit LTC

Riders:

Waiver of HHC Elimination Restoration of Benefits
Return of Premium Shared Care Cash Benefits

Survivorship
Indemnity Non-Forfeiture

Clients Name: _____
 DOB/AGE: _____ State: _____
 HEIGHT: _____ WEIGHT: _____
Married: YES NO
Tobacco Use within Last 5 Years: YES NO

Clients Name: _____
 DOB/AGE: _____ State: _____
 HEIGHT: _____ WEIGHT: _____
Married: YES NO
Tobacco Use within Last 5 Years: YES NO

Choose Plan Design:

Daily/Monthly Benefit: _____
 Elimination Period: 20 30 45 50
 60 90 100 180
 Benefit Period: 2 3 4 5
 6 7 10 LIFE
 Inflation Increase: None GPO 5%S
 CPI 5%C

Choose Plan Design:

Daily/Monthly Benefit: _____
 Elimination Period: 20 30 45 50
 60 90 100 180
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Home Health Care Percentage: 50 75 100

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MEDICAL CONDITIONS/MEDICATIONS/COMMENTS:

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**All quotes run with Standard Rates unless specifically requested otherwise
 or if deemed appropriate through the Prequalification Process.
 **This Carrier Discontinues 12/31/09.*