

Request for Long-Term Care Insurance Illustration

Agent's Name		Tel No.	
Agency Name		Fax No.	
Email:		Date/time needed: _____	
Send via (circle): fax email mail pick-up			
Client Name 1:		Client Name 2:	
Mr/Mrs/Ms/Dr	Date of Birth:	Mr/Mrs/Ms/Dr	Date of Birth:
Smoker: Y N Height: _____ Weight: _____		Smoker: Y N Height: _____ Weight: _____	
Prescription meds, dose & <u>condition taken for</u>*:		Prescription meds, dose & <u>condition taken for</u>*:	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
Previously declined? Y N Carrier: _____		Previously declined? Y N Carrier: _____	
Add'l history (e.g., # years since last smoked):		More info (e.g., type of tobacco; treatments)	
_____		_____	
_____		_____	
_____		_____	
*critical info		*critical info	

State: _____ **Client lives with:** • Spouse; • Partner; • Other Relative (specify): _____ # Yrs _____

Maximum Daily Benefit: \$ _____ \$50 to \$300

Premium payment period (1 or more): • Over life of policy; • 10 Pay (where available); • Other _____

We'll select a carrier & use the following configuration unless you comment in the blank spaces:

Type of Coverage: Integrated (Facility & **100%** Home Care) _____

Benefit Period: 5 Years _____

Elimination (Deductible) Period: 90/100 days _____

Compound Benefit Increase Riders: 5% Compound _____

Other Riders: Shared Care (if partner also buying) _____

Premium mode: Annual _____

Buyer's Club discount: 10% discount included if State Life _____

Carrier (Genworth, Hancock, MetLife, Prudential, State Life): we'll recommend _____

Comments (e.g., type of business owned, if any (e.g., C-Corp, S-Corp, etc.); intention to have a family member provide care; concern about paying premium and never using benefits; concern about LTCi for his/her children; or other information regarding goals or desires):

<p>Send to Claude Thau (x2241) cthau@targetins.com or Mary Dempsey (x2243) mdempsey@targetins.com Ph: 800-999-3026 - Target Insurance Services, 11020 Oakmont St., Overland Park, KS 66210-1100; Fax: (913) 384-3781</p>
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Long-Term Care Insurance Underwriting and Preferences Questionnaire

1. Your name and birth date?
2. Do you have a partner? Might you have a partner in the future? If your partner is not applying, why not (if already insured, with whom)?
3. What is your height? What is your weight? When did you last use tobacco?
(If tobacco use is other than cigarettes, please explain.)
4. What medications do you current take? Please indicate reason for the medication and dosage/frequency as well.
5. List any medications which have been prescribed but are NOT being taken? Why not?
6. Are you currently under a doctor's care for any health condition or have you received long-term care in the past three years? If yes, please describe.
7. Do you have any physical limitations (history of back or knee problems?) or have you experienced any 'falls' in the past two years? If yes, please describe.
8. Do you drive a car and manage/handle your own finances? If 'no', please explain.
9. Have you ever been declined for LTCi? If so, why?
10. Please describe significant health history, including surgeries (considered or performed), arthritis, osteoporosis, heart issues, cancer, kidney issues, diabetes, memory loss, depression, strokes, TIAs, etc. What happened? When? Level of the disease? What treatment? When did treatment stop? Residual issues or treatment? Related conditions? This list is not intended to be inclusive, but rather to trigger your memory.
11. Do you have any particular concerns or experiences you'd like to share regarding LTC? Have you looked at LTCi before? What company?
12. What are the ages and marital status of your children? Would your partner or children be involved in providing care for you? Under what circumstances or to what degree? Would it be important to you to be able to pay them for providing care to you?
13. Do you have elders or other relatives who you might help if they need care or who might be interested in LTCi?
14. Would you/your partner receive care locally? If one of you were the survivor of your relationship and needed LTC, would your answer vary (costs vary geographically)?
15. You would be paying for this through a business (if so, is it a C Corporation?)
16. With typical LTCi, you pay premiums and get nothing back if you never need benefits. Is this a problem for you?
17. In general, are you interested in protecting against a typical type of LTC need (3-5 years) or a less likely long (catastrophic) need?