

# Long Term Care Proposal Request

Date \_\_\_\_\_

Needed By \_\_\_\_\_

BROKER \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

CLIENT 1 \_\_\_\_\_

DOB / Age \_\_\_\_\_ M F

Tobacco *Use* No Yes – Type \_\_\_\_\_

Health History \_\_\_\_\_

CLIENT 2 \_\_\_\_\_

DOB / Age \_\_\_\_\_ M F

Tobacco *Use* No Yes – Type \_\_\_\_\_

Spouse Health History \_\_\_\_\_

\*Client's Resident State \_\_\_\_\_

Multi-Life \_\_\_\_\_ Company Pd? \_\_\_\_\_

Income During Retirement \_\_\_\_\_

Approx. Assets \_\_\_\_\_

## \*\*\*\*\* POLICY DESIGN \*\*\*\*\*

PARTNERSHIP \$ for \$ \_\_\_\_\_ TAP \_\_\_\_\_ NON-PARTNERSHIP \_\_\_\_\_  
(\*AGENT MUST HAVE PARTNERSHIP TRAINING/CERTIFICATE AS REQUIRED BY THE CLIENT'S RESIDENT STATE)

BENEFIT OPTION Daily \_\_\_\_\_ Monthly \_\_\_\_\_ Cash \_\_\_\_\_

DAILY BENEFIT AMOUNT(\$100 – \$400) NH \$ \_\_\_\_\_ HHC 50% 75% 100% 150%

POLICY MAX BENEFIT 2 Yr 3 Yr 4Yr 5 Yr 6 Yr 7 Yr Unlimited Other \_\_\_\_\_

ELIMINATION PERIOD 20 30 45 60 90/100 180 Days Other \_\_\_\_\_

INFLATION OPTION 5% Compound 5% Simple C.P.I./F.P.O. 3% Comp None

RIDERS Indemnity Shared Benefits Return of Premium  
Non-Forfeiture Waiver of Premium Survivorship No EP for HHC

LIMITED PAY OPTION 10 Pay Paid at Age 65

**SINGLE PREM Life w/LTC Rider** \$ \_\_\_\_\_ prem **BENEFIT:** 2yr 3 yr 4yr 5yr 6yr

**INFLATION:** 3% Simple 3% Compound 5% Simple 5% Compound

Riders, Elimination, Benefit Periods and Daily Benefits Vary by Company



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