



# LTC Quote Request Form

**Questions?**

800-381-8504

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

**Form may be submitted via:**

Email: quotes@heartlandltc.com

Fax: 602-381-8503

**Client Appointment Date:** \_\_\_\_\_

## Agent Information and Case Location Details

<b>Agent Name:</b> _____  <b>Contact Number:</b> (____) _____  <b>Email Address:</b> _____	<b>Client Resident State:</b> _____  Are you licensed there?      Yes    No  Have you completed this state's LTC training requirements?      Not Sure    Yes    No	<b>State app will be signed in:</b> _____  Are you licensed there?      Yes    No  Have you completed this state's LTC training requirements?      Not Sure    Yes    No
--	--	--

## Client Information

<b>Client Name:</b> _____ <b>DOB:</b> _____  <b>Height:</b> _____ <b>Weight:</b> _____ <b>M</b> <b>F</b>  <b>Tobacco User?</b> Yes    No      If yes, Type / How Much: _____	<b>Spouse/Partner Name:</b> _____ <b>DOB:</b> _____  <b>Height:</b> _____ <b>Weight:</b> _____ <b>M</b> <b>F</b>  <b>Tobacco User?</b> Yes    No      If yes, Type / How Much: _____
--	--

Condition or Prescription Name	Date Diagnosed or Dosage of RX	Details of Treatment or Results of RX	Condition or Prescription Name	Date Diagnosed or Dosage of RX	Details of Treatment or Results of RX

## Plan Design Variations

Design Variant 1	Design Variant 2																																																								
<table style="width: 100%;"> <tr> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center;">Client 1</td> <td style="width: 10%; text-align: center;">Prtnr/Spse</td> <td style="width: 60%;"><b>Rider Options:</b></td> </tr> <tr> <td><b>Monthly Benefit:</b></td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Shared Care</td> </tr> <tr> <td><b>Benefit Period:</b></td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Survivorship</td> </tr> <tr> <td><b>Elimination Period:</b></td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Dual Waiver of Premium</td> </tr> <tr> <td><b>Inflation:</b></td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Restoration of Benefits</td> </tr> <tr> <td><b>Options:</b></td> <td colspan="2"></td> <td><input type="checkbox"/> Return of Premium (Upon Death, Less Claims)</td> </tr> <tr> <td colspan="3"></td> <td><input type="checkbox"/> Non-Forfeiture</td> </tr> </table> <p>5%, 3%, or 2% Compound; 2x Compound Max; 5% or 3% Simple; GPO; Step-Rated; None</p>		Client 1	Prtnr/Spse	<b>Rider Options:</b>	<b>Monthly Benefit:</b>	_____	_____	<input type="checkbox"/> Shared Care	<b>Benefit Period:</b>	_____	_____	<input type="checkbox"/> Survivorship	<b>Elimination Period:</b>	_____	_____	<input type="checkbox"/> Dual Waiver of Premium	<b>Inflation:</b>	_____	_____	<input type="checkbox"/> Restoration of Benefits	<b>Options:</b>			<input type="checkbox"/> Return of Premium (Upon Death, Less Claims)				<input type="checkbox"/> Non-Forfeiture	<table style="width: 100%;"> <tr> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center;">Client 1</td> <td style="width: 10%; text-align: center;">Prtnr/Spse</td> <td style="width: 60%;"><b>Rider Options:</b></td> </tr> <tr> <td><b>Monthly Benefit:</b></td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Shared Care</td> </tr> <tr> <td><b>Benefit Period:</b></td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Survivorship</td> </tr> <tr> <td><b>Elimination Period:</b></td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Dual Waiver of Premium</td> </tr> <tr> <td><b>Inflation:</b></td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Restoration of Benefits</td> </tr> <tr> <td><b>Options:</b></td> <td colspan="2"></td> <td><input type="checkbox"/> Return of Premium (Upon Death, Less Claims)</td> </tr> <tr> <td colspan="3"></td> <td><input type="checkbox"/> Non-Forfeiture</td> </tr> </table> <p>5%, 3%, or 2% Compound; 2x Compound Max; 5% or 3% Simple; GPO; Step-Rated; None</p>		Client 1	Prtnr/Spse	<b>Rider Options:</b>	<b>Monthly Benefit:</b>	_____	_____	<input type="checkbox"/> Shared Care	<b>Benefit Period:</b>	_____	_____	<input type="checkbox"/> Survivorship	<b>Elimination Period:</b>	_____	_____	<input type="checkbox"/> Dual Waiver of Premium	<b>Inflation:</b>	_____	_____	<input type="checkbox"/> Restoration of Benefits	<b>Options:</b>			<input type="checkbox"/> Return of Premium (Upon Death, Less Claims)				<input type="checkbox"/> Non-Forfeiture
	Client 1	Prtnr/Spse	<b>Rider Options:</b>																																																						
<b>Monthly Benefit:</b>	_____	_____	<input type="checkbox"/> Shared Care																																																						
<b>Benefit Period:</b>	_____	_____	<input type="checkbox"/> Survivorship																																																						
<b>Elimination Period:</b>	_____	_____	<input type="checkbox"/> Dual Waiver of Premium																																																						
<b>Inflation:</b>	_____	_____	<input type="checkbox"/> Restoration of Benefits																																																						
<b>Options:</b>			<input type="checkbox"/> Return of Premium (Upon Death, Less Claims)																																																						
			<input type="checkbox"/> Non-Forfeiture																																																						
	Client 1	Prtnr/Spse	<b>Rider Options:</b>																																																						
<b>Monthly Benefit:</b>	_____	_____	<input type="checkbox"/> Shared Care																																																						
<b>Benefit Period:</b>	_____	_____	<input type="checkbox"/> Survivorship																																																						
<b>Elimination Period:</b>	_____	_____	<input type="checkbox"/> Dual Waiver of Premium																																																						
<b>Inflation:</b>	_____	_____	<input type="checkbox"/> Restoration of Benefits																																																						
<b>Options:</b>			<input type="checkbox"/> Return of Premium (Upon Death, Less Claims)																																																						
			<input type="checkbox"/> Non-Forfeiture																																																						

**Carriers We Will Be Researching:** Genworth ~ John Hancock ~ Life Secure ~ MedAmerica ~ Mutual of Omaha ~ Transamerica