

# Client Information

# Palmer Agency LTC Quote Request

Today's Date \_\_\_\_\_

Phone: 404.321.1212 - Fax:404.634.3990

Client First Name: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_

Client Last Name: \_\_\_\_\_

Rate Class:  Preferred  Standard

Spouse/Partner First Name: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_

Spouse/Partner Last Name: \_\_\_\_\_

Rate Class:  Preferred  Standard

Married?  Yes  No

Live-in Partner?  Yes  No

Number of years lived together \_\_\_\_\_

Client's State of Residence

(LTC Application must be taken in client's state of residence)

## Plan Options

	Client	Spouse/Partner	Check one for each option
NH Daily/Monthly Benefit			Inflation: <input type="radio"/> Compound <input type="radio"/> Simple <input type="radio"/> GPO <input type="radio"/> None
Benefit Period (# of Years)			Optional Benefit Requests
Elimination Period			Optional Benefit Requests Cont'd

\*\*\*All options may not be available in all states\*\*\*

## Underwriting Information

	Client	Spouse/Partner
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Tobacco use last 5 years:  Yes  No Quit Date \_\_\_\_\_  Yes  No Quit Date \_\_\_\_\_

Height & Weight		
Health Conditions and Diagnosis Dates		
Medications - Dosage, Date Started, Reason for Taking		
Hospitalizations in last 5 years- Reasons and details.		

If medical history not known, quote preferred or standard?  Preferred  Standard  Preferred  Standard

## Producer Information

Producer Name: \_\_\_\_\_

Producer's State of Residence:

Producer Phone: \_\_\_\_\_

Send brochure with quote?  Yes  No

Producer E-Mail: \_\_\_\_\_

Send quote by:  Email  Fax

Producer Fax: \_\_\_\_\_