

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: _____