Long term care insurance quote request form

Please print legibly, failure to do so may result in incorrect or delayed quote delivery. Date: _____

Agent Information

Name: _____ Telephone: _____ Ext.: _____

Agent license number (mandatory for FL and CA producers): _____

Company name: _____ Affiliation: _____

Email: _____

Client Information

Name: _____ ☐ Male ☐ Female

Date of birth: _____ Age: _____ Smoker: ☐ Yes ☐ No

Marital status: _____ Is client's spouse applying? ☐ Yes ☐ No

Discounts may apply even if spouse is not applying.

If spouse is applying, please provide the following information:

Spouse's name: _____ ☐ Male ☐ Female

Date of birth: _____ Age: _____ Smoker: ☐ Yes ☐ No

Client's resident state: _____ State where application will be signed: _____

If an application is signed in a state other than the client's resident state, a valid reason must be included. _____

Policy Options

Carriers you would like quoted: _____

Target premium/desired premium range: _____

Nursing home monthly benefit: $_____ Nursing home benefit duration: _____ Yrs. (1, 2, 3, 4, 5, 6, lifetime)

Home health care coverage: ☐ 50% ☐ 75 - 80% ☐ 100%

Elimination period: _____ Days

Inflation protection option: ☐ Compound _____% ☐ None

Riders: ☐ Shared care ☐ Waiver of elimination period for home care ☐ Survivorship
☐ Joint waiver of premium ☐ Nonforfeiture

☐ I would like LWT to call me to discuss available long term care insurance options.

Special Notes: _____

Please note: LWT will only quote a standard rate unless a completed Medical History Form is provided along with this Quote Request Form.

Please send this completed Quote Request Form in an encrypted email to ltcsales@lwtsolutioncenter.com. If you have additional questions, please contact LWT LTC Solution Center Sales Desk at 800.998.3382, option 2, option 3

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