

For follow up purposes, when is your appointment? _____

1. Date _____ Client Resident State _____

2. Financial Advisor/Agent Name _____

3. Agent E-mail _____

4. Partnership Training Complete Yes No _____

5. Client Name _____ Date of Birth _____

6. Health History: Smoker ___ Non-Smoker ___ Additional: _____

6. Marital Status (circle one) Single Married Domestic Partner/Civil Union

7. Spouse Name (if applicable) _____ Date of Birth _____

8. Spouse's Health History (if applicable): Smoker ___ Non-Smoker ___ Additional: _____

9. How much have they budgeted for a monthly premium? What's the most they can afford? _____

10. Is cost an Issue? Yes No

11. How much would your client be able to co-insure the cost of care each month? \$ _____

12. Is your client a business owner? Yes No

13. When and where does your client plan on retiring? _____

14. Do they have any family members nearby who could support them if they need assistance? If so, would they be able to do so for an extended period of time? _____

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Client Name: _____

If Case is a Linked Benefit LTC case, please complete the following:

Amount of Premium \$ _____

Client will pay Single 3yr 5 yr 10 yr

Details Needed for Quote:

1. Daily (or Monthly) Benefit Amount* (\$50—\$400 in \$10 increments) \$ _____

2. Benefit Period* (circle one) 2 yrs 3 yrs 4 yrs 5 yrs 6 yrs 8 yrs 10 yrs Lifetime

3. Elimination Period* (circle one) 30 days 60 days 90 days 180 days

4. Home Care/Community Care Percentage* (circle one) 50% 75% 100%

5. Riders* (check all riders that apply):

<input type="checkbox"/> Shared Care Rider	<input type="checkbox"/> 5% Compound Inflation	<input type="checkbox"/> Paid Up at age 65
<input type="checkbox"/> Monthly Home Care	<input type="checkbox"/> 5% Simple Inflation	<input type="checkbox"/> 10 Yr Premium Payment Rider
<input type="checkbox"/> Survivorship Rider	<input type="checkbox"/> 3% Compound Inflation	<input type="checkbox"/> Restoration of Benefits Rider
<input type="checkbox"/> Home Care EP Waiver Rider	<input type="checkbox"/> Nonforfeiture Rider	<input type="checkbox"/> Return of Premium Rider

6. Payment Mode: Annual Semi-Annual Quarterly Monthly

7. Would you like individual case consultation on this case? (circle one) Yes No

8. Along with this quote would you like:

- Brochures
- Apps
- Contracting
- Call-back to review quote(s) with us

For Call-back - Best Date _____ Best Time _____

9. Would you be interested in any additional quotes for your client(s)? Annuity Life Linked Benefit DI

10. Any additional information:
