

For follow up purposes, when is your appointment? \_\_\_\_\_

1. Date \_\_\_\_\_ Client Resident State \_\_\_\_\_

2. Financial Advisor/Agent Name \_\_\_\_\_

3. Agent E-mail  
 \_\_\_\_\_

4. LTC 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? \_\_\_\_\_

Jillian Crowder      Jillian@GordonMarketing.com      800-388-3842 x 331

**Client Name:** \_\_\_\_\_

**Details Needed for Quote:**

1. Daily (or Monthly) Benefit Amount\* \$ \_\_\_\_\_

2. Benefit Period\* (circle one)    2 yrs    3 yrs    4 yrs    5 yrs    Other \_\_\_\_\_

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):

- Shared Care Rider
- Home Care EP Waiver Rider
- Restoration of Benefits Rider
- 5% Compound Inflation
- 5% Simple Inflation
- 3% Compound Inflation
- Nonforfeiture 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. Any additional information:

---

---

---

---

---