

Long-Term Care Insurance Proposal Request

Phone Number: (800) 537-5568 – Mound Agency of Ohio, Inc.

Fax Number: (800) 452-8034

Agent Name: _____

Email: _____

Telephone: _____ **Fax:** _____

Client #1			Client #2		
Name:			Name:		
Date of Birth:			Date of Birth:		
Height:	Weight:		Height:	Weight:	
Significant Medical History & Medications: (Dates & Dosages)			Significant Medical History & Medications: (Dates & Dosages)		
Cane, Walker or Wheelchair? Yes ____ No ____			Cane, Walker or Wheelchair? Yes ____ No ____		
Tobacco Use Last 12 months? Yes ____ No ____			Tobacco Use Last 12 months? Yes ____ No ____		
Indicate if you have been medically diagnosed or treated for any of the conditions below: (Circle Yes or No)			Indicate if you have been medically diagnosed or treated for any of the conditions below: (Circle Yes or No)		
Abnormal Blood Pressure	Yes	No	Abnormal Blood Pressure	Yes	No
Diabetes	Yes	No	Diabetes	Yes	No
Heart or Circulatory Disorder	Yes	No	Heart or Circulatory Disorder	Yes	No
Cancer	Yes	No	Cancer	Yes	No
Chronic Respiratory Disorder	Yes	No	Chronic Respiratory Disorder	Yes	No
Stroke or TIA	Yes	No	Stroke or TIA	Yes	No
Falling or Unstable Gait	Yes	No	Falling or Unstable Gait	Yes	No
Dizziness or Fainting	Yes	No	Dizziness or Fainting	Yes	No
Confusion or Memory Loss	Yes	No	Confusion or Memory Loss	Yes	No
Weakness or Fatigue	Yes	No	Weakness or Fatigue	Yes	No
Bladder or Bowel Control	Yes	No	Bladder or Bowel Control	Yes	No
Neurological Disorder	Yes	No	Neurological Disorder	Yes	No
Receiving physical therapy	Yes	No	Receiving physical therapy	Yes	No
Scheduled treatment or surgery	Yes	No	Scheduled treatment or surgery	Yes	No

Requested Benefit Design:

Daily Benefit Amount: \$ _____	State: _____
Elimination Period: 30 day ____ 60 days ____ 90 days ____ Other ____	Inflation Protection: 5% Simple ____ 5% Compound ____ Other ____
Benefit Period: # of years: ____	Traditional LTCi ____ Partnership ____
Couples Only - Shared Care: Yes ____ No ____	Payment Option: Annual ____ MO. ____ SA ____ QT ____