

# Business Underwriters Associates

## Long Term Care Insurance Proposal Request

Please Fax to (330) 576-1111

Agent \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Client(s)**

1. \_\_\_\_\_ M F      Age \_\_\_\_\_ S NS  
 Ht \_\_\_\_\_ Wt \_\_\_\_\_

2. \_\_\_\_\_ M F      Age \_\_\_\_\_ S NS  
 Ht \_\_\_\_\_ Wt \_\_\_\_\_

Marital Status \_\_\_\_\_ State \_\_\_\_\_

**Medical Conditions/ Medications** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Benefits**

Daily Benefits	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170	<input type="checkbox"/> \$200	<input type="checkbox"/> Other _____
Elimination Period	<input type="checkbox"/> 45 Days	<input type="checkbox"/> 90 Days	<input type="checkbox"/> 180 Days	<input type="checkbox"/> Other _____
Benefit Period	<input type="checkbox"/> 3 Years	<input type="checkbox"/> 5 Years	<input type="checkbox"/> Lifetime	<input type="checkbox"/> Other _____
Inflation Protection	<input type="checkbox"/> Simple	<input type="checkbox"/> Compound	<input type="checkbox"/> GPO	<input type="checkbox"/> Other _____
Optional Benefits	<input type="checkbox"/> Shared	<input type="checkbox"/> Survivorship	<input type="checkbox"/> ROP	<input type="checkbox"/> Nonforfeiture
	<input type="checkbox"/> HHC Waiver			

**Carriers**

John Hancock  \$ \_\_\_\_\_

Genworth  \$ \_\_\_\_\_

MetLife  \$ \_\_\_\_\_

Prudential  \$ \_\_\_\_\_

**Send:**      Quote \_\_\_\_\_  
                   Licensing \_\_\_\_\_  
                   Brochure \_\_\_\_\_  
                   Application \_\_\_\_\_

**Mail to Agent:**      YES  
**FAX to Agent:**      YES  
**Email to Agent:**      YES

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_