



A Division of Specialty Program Group, LLC

# ABLTC Quote Request

Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Client 1: \_\_\_\_\_ M F Age/DOB: \_\_\_\_\_ State: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Tobacco Use: Y N Marital Status: \_\_\_\_\_

Medications: \_\_\_\_\_

Client 2: \_\_\_\_\_ M F Age/DOB: \_\_\_\_\_ State: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Tobacco Use: Y N Marital Status: \_\_\_\_\_

Medications: \_\_\_\_\_

FUNDS: Qualified Non-Qualified

PREMIUM AMOUNT if known: \_\_\_\_\_

PAYMENT FREQUENCY: Single Pay 5-Pay 10-Pay Ongoing

Desired Monthly Benefit: \_\_\_\_\_ Benefit Period (in years): \_\_\_\_\_

Have you been diagnosed or treated by a Health Care Professional, or been prescribed medication for any of the following?

	CLIENT 1		CLIENT 2	
	Yes	No	Yes	No
Alzheimer's disease or dementia				
Recurrent memory loss				
Mild cognitive impairment (MCI)				
Mental incapacity or retardation				
Multiple sclerosis				
Parkinson's disease				
Paralysis				
Organ transplant other than cornea or kidney				
Spinal Stenosis or Chronic Back pain with use of narcotic medication				
Autoimmune disorder/disease such as: Systemic Lupus, Systemic Scleroderma, CREST Syndrome, Connective Tissue disease, Mixed Connective Tissue disease				

Muscular dystrophy					
Lou Gehrig's disease (ALS)					
Huntington's disease					
Hepatitis					
Cirrhosis					
Smoking in conjunctions with Emphysema, COPD,					
Stroke or Multiple Transient Ischemic Attack (TIA)					

Additional Underwriting Concerns:

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