



EMG
Insurance Brokerage

Long Term Care Quote Request

Name of 1st Insured		DOB/Age		State of Application	
Male	Tobacco	Height:		<i>Height & Weight optional; UW offer may differ if not within limits</i>	
Female	Non-Tobacco	Weight:			
Medical History / Prescription Medications				Preferred Discount	
				Couples Discount "Couple" refers to legally married (including same sex), civil union, domestic partner, common law, or parent/adult child living together	
Business Owner?		C-Corp	Partnership	Other:	
Yes	No	S-Corp	Sole Proprietor		
Name of 2nd Insured (if applying)		DOB/Age			
Male	Tobacco	Height:		<i>Height & Weight optional; UW offer may differ if not within limits</i>	
Female	Non-Tobacco	Weight:			
Medical History / Prescription Medications				Preferred Discount	
Business Owner?		C-Corp	Partnership	Other:	
Yes	No	S-Corp	Sole Proprietor		
Monthly Benefit	Elimination Period	Benefit Period			
		longest available shortest available			
Riders & Options (availability depends on on product & state)					
<u>Inflation</u>		<u>Return of Premium</u>		<u>Type of LTC to quote</u>	
3% Simple (when available)		100%	LTC Boost	Life w/LTC rider	
3% Compound		Partial		2%	4%
5% Compound				Life w/Chronic Illness	
None				2%	4%
		Joint/Shared Coverage		Hybrid / Linked Benefit	
Waiver of Premium		Individual Coverage		Traditional LTC	
Additional Comments:					
Agent Name		Email		Phone	

Please send completed request to either your Sales Advisor, or Kristy Fulton at kfulton@emgbrokerage.com