



Quote Request

Complete and Return by Fax to (602) 606-7017 or Email to dmayhew@lbiusa.com

Agent Name	License Number	Date Needed
Phone Number	Email	

Carrier Preference

<input type="checkbox"/> American General	<input type="checkbox"/> LifeSecure	<input type="checkbox"/> United of Omaha
<input type="checkbox"/> Genworth	<input type="checkbox"/> MedAmerica	<input type="checkbox"/> Transamerica
<input type="checkbox"/> John Hancock	<input type="checkbox"/> Mutual of Omaha	<input type="checkbox"/> No Preference

Premium threshold – Monthly amount \$ _____ or Annual amount \$ _____
“Premium clients can afford to pay”

Client Name	State of Residence	Spouse / Partner Name	State of Residence
Date of Birth	Marital Status (circle) S M Domestic Partner	Height / Weight	Date of Birth
			Height / Weight

Serious illness, accident or hospitalization in last 10 years Have you ever had or currently have: any types of cancers? heart diseases? diabetes? arthritis? uncontrolled blood pressure? a stroke or TIA? Medications _____ _____ _____ Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No	Serious illness, accident or hospitalization in last 10 years Have you ever had or currently have: any types of cancers? heart diseases? diabetes? arthritis? uncontrolled blood pressure? a stroke or TIA? Medications _____ _____ _____ Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No
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Plan Design – Client 1 <input type="checkbox"/> YES (Home care amount - 100% or 50%) <input type="checkbox"/> NO (facilities only) (Comprehensive plans cover home care, assistant living and facilities) Benefit Amount \$ _____ <input type="checkbox"/> Daily <input type="checkbox"/> Monthly (National median daily rate for a semi private room in nursing home \$ 200 per day - \$185 in Arizona – per Genworth cost of care survey) Benefit Duration _____ YEARS <input type="checkbox"/> LIFETIME (Lifetime coverage is very \$\$ - average paid claim is closer to 3 yrs) Elimination Period _____ DAYS (30, 60, 90 days) Inflation - <input type="checkbox"/> YES (5% Compound, 3% Compound, 5% Simple or CPI) <input type="checkbox"/> NO (GPO- Guaranteed Purchase Option) Riders - <input type="checkbox"/> HOME CARE ELIMINATION PERIOD WAIVER (Most popular rider, client receive care day 1 at home) <input type="checkbox"/> SHARED CARE (Spouses can share each others policies) <input type="checkbox"/> OTHER _____ Premium Payment options - <input type="checkbox"/> LIFE PAY <input type="checkbox"/> LIMITED PAY (10 pay)	Plan Design – Client 2 <input checked="" type="checkbox"/> <u>SAME AS CLIENT 1</u> <input type="checkbox"/> YES (Home care amount - 100% or 50%) <input type="checkbox"/> NO (facilities only) Benefit Amount \$ _____ <input type="checkbox"/> Daily <input type="checkbox"/> Monthly Benefit Duration _____ YEARS <input type="checkbox"/> LIFETIME Elimination Period _____ DAYS (30, 60, 90 days) Inflation - <input type="checkbox"/> YES (5% Compound, 3% Compound, 5% Simple or CPI) <input type="checkbox"/> NO (GPO) Riders - <input type="checkbox"/> HOME CARE ELIMINATION PERIOD WAIVER <input type="checkbox"/> SHARED CARE <input type="checkbox"/> OTHER _____ Premium Payment options - <input type="checkbox"/> LIFE PAY <input type="checkbox"/> LIMITED PAY (10 pay)
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