



Request for LTCi Illustration

Please fax this form to (602) 381-8503 or email to: quotes@heartlandltc.com

Date: _____

Agent Name: _____

Would you prefer your illustration(s) be delivered by:

Email: _____

Fax: _____

UPS: _____

Client's(s) Resident State? _____

Are you licensed there? Y / N

Have you completed that state's LTC training requirements? Y / N

State the application(s) will be signed? _____

Are you licensed there? Y / N

Have you completed that state's LTC training requirements? Y / N

Claim Style:

Reimbursement

Cash

State Specific:

Partnership

Non—Partnership

Client Name: _____ **D.O.B.:** _____

Height: _____ **Weight:** _____

Tobacco User? Y / N - If Yes: Type? / How much? _____

Spouse/Partner Name: _____ **D.O.B.:** _____

Height: _____ **Weight:** _____

Tobacco User? Y / N - If Yes: Type? / How much? _____

Condition or Rx Primary Insured	Date Diagnosed or Dosage of Rx	Details of Treatment(s) or Results of Rx's	Condition or Rx Spouse / Partner	Date Diagnosed or Dosage of Rx	Details of Treatment(s) or Results of Rx's

Plan Design

Basics:

Daily or Monthly Benefit: \$ _____

Benefit Period Per Person: _____

Elimination Period: _____

Inflation: 5% Compound, 3% Compound, CPI-U Compound, 2 x Compound Max, 5% Simple, GPO, None, Other _____

Modal Payment Options: Annual, Semi-Annual, Quarterly, Monthly Bank Draft

Payment Options: Lifepay, Pay to age 65, 10 Pay, Single Pay, Other _____

Riders:

- | | | |
|--|--|--|
| <input type="checkbox"/> Shared Care | <input type="checkbox"/> Survivorship | <input type="checkbox"/> Dual Waiver of Premium |
| <input type="checkbox"/> Calendar Day EP | <input type="checkbox"/> Waiver of HHC EP | <input type="checkbox"/> Return of Premium Less Claims |
| <input type="checkbox"/> Non Forfeiture | <input type="checkbox"/> Restoration of Benefits | <input type="checkbox"/> Full Return of Premium |

LTCi Illustrations will be generated using StrateCision unless otherwise requested.

UPS shipments will be shipped via Ground Service and include the illustration(s) along with the corresponding client sales kit(s).

Questions?

Call Amy Todd or Susan Carlson @
(602) 381-8500 or
(800) 381-8504