

Long Term Care Illustration Request Form

Broker: _____ Phone: _____

Email: _____ Fax: _____

Address: _____

Insured's Information

Insured's Name: _____ DOB: _____

Rate Class: Preferred Standard

Health Conditions: _____

Medications: _____

Spouse's Information

Spouse's Name: _____ DOB: _____

Rate Class: Preferred Standard

Health Conditions: _____

Medications: _____

Plan Details

State: _____ Home Care: _____ % Waiting Period: 30 60 90 180

Monthly Benefit: \$ _____ Daily Benefit: \$ _____ Benefit Period: _____

Inflation: 3% 5% Compound 5% Simple

Extra Riders or Benefits: _____

Additional Remarks: _____

Please send your completed request to Jenny Ausman

jenny@simondavisinc.com ♦ fax: 303.860.8956 ♦ phone: 303.633.5912

SimonDavis Brokerage Services, Inc. ♦ 730 17th Street, Suite 107, Denver, CO 80202