NORTHEAST BROKERAGE

*Life | Annuity | LTC | DI*

# Long-Term Care Illustration Request Form

## Producer Information

**Name**_____ **E-Mail**_____**Fax**_____

**Date:** _____ **Need by:** _____ **State:** _____ **Send via:** ☐ **E-mail** ☐ **Fax** ☐ **Mail**

## Insured Information

**Name** _____**DOB**_____**State**_____ **Sex** ☐ **Male** ☐ **Female**

**Height** _____ **Weight** _____ ☐ **Married** ☐ **Living with Partner** ☐ **Single Living Alone**

**Nicotine Use** ☐ **Current – Type** _____ ☐ **Former – Type & Date Quit** _____ **Never** ☐

**Name of Spouse/Partner** _____**DOB**_____**State**_____ **Sex** ☐ **Male** ☐ **Female**

**Height** _____ **Weight** _____

**Nicotine Use** ☐ **Current – Type** _____ ☐ **Former – Type & Date Quit** _____ **Never** ☐

**Medications – List Name & Dosage of Medications and *Condition Being Treated with theMedication*:**

**Medical Conditions or Hospitalizations in the Last 10 Years:**

**Family History of Alzheimers or Dementia:** ☐ **YES** ☐ **NO**
**If yes, list relationship and age at onset.**

## Policy Quote Information

**Daily/Monthly Benefit Amount:** _____

**Benefit Period:** ☐ **2 Yr** ☐ **3 Yr** ☐ **4 Yr** ☐ **5 Yr** ☐ **6 Yr** ☐ **7 Yr** ☐ **10 Yr**

**Elimination Period:** ☐ **30 Day** ☐ **60 Day** ☐ **90 Day** ☐ **180 Day** ☐ **365 Day**

**Riders:** ☐ **Compound Inflation** ☐ **Simple Inflation** ☐ **Shared Care** ☐ **Waiver of HHC Elimination Period**
☐ **Restoration of Benefits** ☐ **Additional Cash Benefit** ☐ **Other**

## Existing Coverage Information

**Coverage:** ☐ **NONE** ☐ **Group LTC** ☐ **Individual** **Elimination Period:** _____ **Monthly/Daily Benefit:** _____
**Benefit Period:** _____ **Company** _____ **Replacing Coverage? Y/N** _____

**Northeast Brokerage, Inc.**
www.northeastbrokerage.com

**867 Main Street, Manchester, CT 06040**
**Phone: 877.897.8118**
**Fax: 860.432.7951**