Graber & Associates — LTC Quote Request

Agent Name: _____ **Date Needed:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Primary Insured: _____

Date of birth: _____

Tobacco use?: Y ☐ N ☐ **If yes, type:** _____

Height: _____ **Weight:** _____

☐ Check if client is married, but spouse is not applying

Spouse/Partner: _____

Date of birth: _____

Tobacco use?: Y ☐ N ☐ **If yes, type:** _____

Height: _____ **Weight:** _____

List details of any medical conditions

High blood pressure, Heart attack, MS, Stroke, Arthritis, Diabetes, Osteoporosis, Cancer, Surgeries, Fibromyalgia, Sleep apnea, Depression, Anxiety, Joint replacements

Diagnosis date, treatment, medications, current status, lab levels...

Prescription Meds	Dose & Freq.	Taken For?

List details of any medical conditions

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Prescription Meds	Dose & Freq.	Taken For?

Daily Benefit	Elimination Period	Benefit Period	Inflation %	Product Type	Resident State
Minimums SD $100 MN $50 ND $50 NE $50 IA $50	☐ 0 day HCC elimination period	☐ 2 yr. ☐ 3 yr. ☐ 4 yr. ☐ 5 yr. ☐ 6 yr. ☐ Lifetime	☐ None ☐ 1% compound ☐ 2% compound ☐ 3% compound ☐ 5% compound	**Check All Desired:** ☐ Traditional/ Partnership ☐ LTC/Life Combo ☐ LTC/Annuity Combo	☐ SD ☐ MN ☐ ND ☐ NE ☐ IA

Email completed forms to: tchurch@graberassoc.com **or** chanson@graberassoc.com

*Agent use only