

**GRABER & ASSOCIATES—LTC Quote Request**  
 Email: [tchurch@graberassoc.com](mailto:tchurch@graberassoc.com) or [kgraber@graberassoc.com](mailto:kgraber@graberassoc.com)

Agent name: \_\_\_\_\_ Date needed: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Insured: \_\_\_\_\_

Check if client is married, but spouse is not applying

Date of birth: \_\_\_\_\_

Tobacco use: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Tobacco use: \_\_\_\_\_

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...

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Prescription Meds	Dose & Freq.	Taken For?	Prescription Meds	Dose & Freq.	Taken For?

Daily Benefit	Elimination Period	Benefit Period	Inflation %	Product Type	Resident state
<input type="text"/> <b>Minimums</b> SD \$100 MN \$50 ND \$50 NE \$50 IA \$50	<input type="text"/> 30, 60, or 90 days <input type="checkbox"/> 0 day HCC elimination period	<input type="text"/> 1 yr. 2 yr. 3 yr. 4 yr. 5 yr. 6 yr. Lifetime	<input type="text"/> None 3% compound 5% compound	<b>Circle all desired</b> Traditional/Partnership LTC/Life Combo LTC/Annuity Combo	<input type="text"/>