

Long-Term Care Illustration Request Form

Global Green Insurance Agency

Producer Information						
Producer						
Phone				Fax		
Email				Date		
Client Information						
	Proposed Insured			Spouse		
Name						
Date of Birth						
Sex	M <input type="checkbox"/> F <input type="checkbox"/>			M <input type="checkbox"/> F <input type="checkbox"/>		
State of Residence						
Health Class						
Hospitalized in last 5 years	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Medication with dosages						
Height / Weight			lbs.			lbs.
Policy Information						
Daily Benefit Amount	\$			\$		
Home Care Percent	%			%		
Benefit Duration						
Elimination Period						
Inflation Protection			Int. Rate			Int. Rate
Non-Forfeiture Option						
Return of Premium	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Desired Company						

Comments



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Progress

Illustration Complete ___/___/___