

**Proposal Request**

Client Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age Last: \_\_\_\_\_ Age Nearest: \_\_\_\_\_  Smoker

Spouse Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age Last: \_\_\_\_\_ Age Nearest: \_\_\_\_\_  Smoker

**Life Insurance**

Face Amount \$ \_\_\_\_\_

Term Insurance: \_\_\_\_\_

Product: \_\_\_\_\_

10 year  15 year  20 year  30 year

Premium \$ \_\_\_\_\_

Add'l Pour In \$ Year 1: \_\_\_\_\_

Ten Pay

Death Benefit:

Pay to Age 65

Option A-Level

Vanish Premium Yr. \_\_\_\_\_

Option B-Increasing

Income @ Age: \_\_\_\_\_

Dividend Option

**Long Term Care, Plan Design**

Daily Benefit: \$170 \$200 \$220 \$240

Other \$ \_\_\_\_\_

Benefit Period: 1yr 2yr 3yr 4yr 5yr Unlimited

Waiting Period in days: 30 45 90

Home Health Care:  50%  100%

Inflation:  5% Compounded  5% Simple  None \$150 day minimum in 2008 \$ \_\_\_\_\_

Coverage in the California Partnership?  Yes  No Up to \$400 a day available

Annual Income if available: \$ \_\_\_\_\_ Guestimate of Net Worth if available: \$ \_\_\_\_\_

Health History or Comments: \_\_\_\_\_

Medications: \_\_\_\_\_

Company to Illustrate:  GenWorth  Mutual of Omaha  John Hancock Life w/LTC

Lincoln Money Guard - Single Premium Life  Nationwide Life w/LTC

Broker: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_