ISG Insurance Solutions Group
LifeMark PARTNERS The strength of many. The power of one.

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Long Term Care Insurance Proposal Request Form

Agent Name: _____

Delivery Preference: ☐ Fax ☐ Email ☐ Pick Up ☐ Mail

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

State of Residence: _____

Prospect Name: _____ D.O.B: _____ Height : _____ Weight: _____

Tobacco Use: ☐ Yes ☐ No Years Quit: _____

Spouse Name: _____ DOB: _____ Height: _____ Weight: _____

Tobacco Use: ☐ Yes ☐ No Years Quit: _____

Employer: _____ Position: _____

Is prospect an owner?: ☐ Yes ☐ No Type of Business: ☐ "C" Corp ☐ "S" Corp ☐ LLC ☐ PA ☐ Sole Prop

Nursing Home Daily Benefit: _____ Benefit Period: _____ Elimination Period: _____

Percentage for Home health care _____ Limited Pay Premium: _____ yrs.

Inflation Protection: ☐ Yes ☐ No

Special Options: _____

Additional Requests: _____

Underwriting Info (Please indicate Prospect or Spouse)

List significant medical history including hospitalization, diagnosis and treatment. _____

Medications Taken and Dosage: _____

List parents or siblings diagnosed, treated or deceased from medical conditions (with ages): _____

Previous Rejections and Offers: _____

Please ask if diagnosed or treated for any impairment listed below

- ☐ Alcoholism
- ☐ Alzheimer's
- ☐ Aneurysm
- ☐ Arthritis (prescription drugs)
- ☐ Cancer
- ☐ Carotid artery disease
- ☐ Cerebral vascular disease
- ☐ Chronic obstructive pulmonary disease
- ☐ Confusion/disorientation
- ☐ Congestive heart failure
- ☐ Dementia
- ☐ Depression
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Heart Attack
- ☐ Kidney Failure
- ☐ Lou Gehrig's disease
- ☐ Lupus
- ☐ Macular degeneration
- ☐ Memory Loss
- ☐ Multiple Sclerosis
- ☐ Neurogenic bladder
- ☐ Organ transplant
- ☐ Organic brain syndrome
- ☐ Osteoporosis
- ☐ Parkinson's disease
- ☐ Peripheral neuropathy
- ☐ Senility
- ☐ Spine/back disorder
- ☐ Stroke
- ☐ Ulcerative colitis

CLICK HERE WHEN COMPLETE TO SEND TO ISG OR FAX 601.362.8587