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