

LANNY D. LEVIN AGENCY, Inc.
LONG TERM CARE INSURANCE PROPOSAL REQUEST

FAX: 847-681-9501

LANNY D. LEVIN AGENCY

Requested on (date) _____/_____/2010

Need by ____/____ a.m. p.m.

To: Judy Kapper 847-266-2231
 Jerry Fox 847-266-2235
 Bill Thar 847-266-2248

From (broker name): _____

Broker's Email: _____ Broker's Telephone _____ Broker's FAX _____

Assistant's Email: _____ Assistant's Telephone _____ Assistant's Name _____

Address _____ City _____ State _____ Zip _____

Employer Name, if applicable _____

Insured	Gender	Birthdate	Smoker	Ratg Class	State
1	M F		Y N		
2	M F		Y N		
Medications (and any other pertinent health issues)					

Rating Classes: PrefPlus Preferred Standard

If unsure of rating class, we will estimate, based on information you provide above.

Benefits

Daily Benefit: \$ _____ Benefit Period 3 yrs 4 yrs, 5 yrs 6 yrs Lifetime:
(\$50-\$400 in \$10 increments)

Elimination Period (days): 0 30 90 180

Inflation None 3% 4% 5% 6% Step Rated 5% compound

Riders:

- | | | |
|---|--|---|
| <input type="checkbox"/> Daily Indemnity | <input type="checkbox"/> Monthly Reimbursement | <input type="checkbox"/> Daily Reimbursement |
| <input type="checkbox"/> WP for Home Health Care | <input type="checkbox"/> Restoration of Benefits | <input type="checkbox"/> Paid up Survivor Benefit |
| <input type="checkbox"/> First Day Home Health Care Rider | <input type="checkbox"/> Full Return of Premium | <input type="checkbox"/> Shortened Nonforfeiture |
| <input type="checkbox"/> Shared Care | <input type="checkbox"/> Policy Surrender | <input type="checkbox"/> Association |

Payment Options (circle) Lifetime 10-pay Pay-to-65

FAX TO THE LEVIN AGENCY at 847-681-9501 or
Email to: Judy_Kapper@levinagency.com or
Call Judy at 847-266-2231 or Bill Thar 847-266-2248 or
or mail completed form to **LANNY D. LEVIN AGENCY, Inc.**
600 Central, Suite 333, Highland Park, IL 60035

We will email proposals to you unless you indicate otherwise

