

EZ-LTC Proposal Request Form

Our goal is to provide you a quality plan and an affordable Long-Term care proposal. To obtain a custom Long-Term Care proposal, complete this **Proposal Request** form for each individual interested in plan. A comprehensive proposal package will be prepared for your consideration.

Prospect #1 Name:

Ph:

E-Mail:

Gender: Female Male

Date of Birth: (m/d/y)

Describe your General Health Status / Build:

List Medications you are taking:

Tobacco/Nicotine: Yes No

Prospect #2 Name:

Ph:

E-Mail:

Gender: Female Male

Date of Birth: (m/d/y)

Describe your General Health Status / Build:

List Medications you are taking:

Tobacco/Nicotine: Yes No

If any of the following medical conditions apply indicate by citing Prospect #1 and/or #2

Alcoholism/drug	Brain disorder	Immune System Disorders
Emphysema/COPD	Stroke	Joint replacement
Lymphoma	Cardiac issues	Arthritis
Mental Illness	Cancer	Leukemia
Amputation	COPD/CHF	Obesity
Angioplasty / Heart surgery	Depression	Diabetes
Asthma/Lung issues	Hodgkin's disease	Bone/Back or Spine issues

Desired Program features:

Benefit Type (i.e. daily/monthly/cash):

Benefit Period (i.e. 5 yrs/Lifetime):

Elimination Period - lapse time before policy begins (i.e. 90 / 180 days):

Inflation Protection: Simple Compound Purchase Option

Return to the attention of: **Michael Baker**

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Affordable health insurance options made easy at . . . EZ-HealthInsurance.com