



Long-Term Care Insurance Proposal Request

~~BJFIM/ Paradigm Insurance Marketing~~

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AGENT NAME Steve Shorr Lic # _____ Email SteveS@SteveShorr.com

TELEPHONE 310.519.1335 FAX 310.519.1359

ADDRESS _____

CLIENT #1			CLIENT #2		
NAME:			NAME:		
DATE OF BIRTH:			DATE OF BIRTH:		
HEIGHT:	WEIGHT:		HEIGHT:	WEIGHT:	
SIGNIFICANT MEDICAL HISTORY & MEDICATIONS (Dates & Dosages)			SIGNIFICANT MEDICAL HISTORY & MEDICATIONS (Dates & Dosages)		
CANE, WALKER OR WHEELCHAIR? Yes ___ No ___			CANE, WALKER OR WHEELCHAIR? Yes ___ No ___		
Tobacco Use Last 12 months? Yes ___ No ___			Tobacco Use Last 12 months? Yes ___ No ___		
INDICATE IF YOU HAVE BEEN MEDICALLY DIAGNOSED OR TREATED FOR ANY OF THE CONDITIONS BELOW:			INDICATE IF YOU HAVE BEEN MEDICALLY DIAGNOSED OR TREATED FOR ANY OF THE CONDITIONS BELOW:		
Abnormal Blood Pressure	Yes	No	Abnormal Blood Pressure	Yes	No
Diabetes	Yes	No	Diabetes	Yes	No
Heart or Circulatory Disorder	Yes	No	Heart or Circulatory Disorder	Yes	No
Cancer	Yes	No	Cancer	Yes	No
Chronic Respiratory Disorder	Yes	No	Chronic Respiratory Disorder	Yes	No
Stroke or TIA	Yes	No	Stroke or TIA	Yes	No
Falling or Unstable Gait	Yes	No	Falling or Unstable Gait	Yes	No
Dizziness or Fainting	Yes	No	Dizziness or Fainting	Yes	No
Confusion or Memory Loss	Yes	No	Confusion or Memory Loss	Yes	No
Weakness or Fatigue	Yes	No	Weakness or Fatigue	Yes	No
Bladder or Bowel Control	Yes	No	Bladder or Bowel Control	Yes	No
Neurological Disorder	Yes	No	Neurological Disorder	Yes	No
Receiving physical therapy	Yes	No	Receiving physical therapy	Yes	No
Scheduled treatment or surgery	Yes	No	Scheduled treatment or surgery	Yes	No

REQUESTED BENEFIT DESIGN:

Daily Benefit Amount: \$ _____ <i>Average Costs In California \$76,000/year</i>	Type of Coverage: Comprehensive ___ Nursing Facility Only ___
Elimination Period: 0 day ___ 30 days ___ 90 days ___ <i>Shorter Is Better</i>	Inflation Protection: 5% Simple ___ 5% Compound ___
Benefit Period: # of years: ___	Traditional LTCi ___ California Partnership ___
Type of Client: Corporate ___ Estate Planning ___ Individual ___	Payment Options: Annual Pay ___ 10-Pay ___ Paid-Up 65 ___
Carrier Preference: Affinity Discounts:	State of Residence (Other Than California)