

GBS/LIFE PLANS UNLIMITED

LTC Department
(800) 653-1322 Ext.219

LTC PROPOSAL REQUEST FORM

Fax to: (203) 366-2249
E-mail: geoff_graf@ajg.com

Phone: _____

Send Via:

Mail-Email-Fax

Date: _____

Fax: _____

E Mail: _____

Agent Name: _____

Address: _____

Names _____

Date of Birth: _____

State of Residence: _____

Any Hospitalizations (Past 5 yrs) _____

Current Medications: _____

Height & Weight: _____

Tobacco user (Quit? How long?) _____

Married? YES ___ NO ___ Preferred Std/Select Preferred Std/Select

Domestic Partner? YES ___ NO ___

Living Alone? YES ___ NO ___

Medical History/ Conditions:

Daily/monthly benefit: _____ Benefit Period: _____ Elimination Period: _____
2 3 4 5 6 10 Unlimited/Lifetime (0 30 60 90 180)

Waiver for Homecare? YES ___ NO ___

Spreadsheet (Best 3)

Alternate Premium Pages

Full Company Proposal

Premium Payment Options: ___ Regular Payments ___ 10 Pay Premium ___ Other Short Pay

Inflation Rider: _____ **Home Health Care Rider:** 100% or Other _____%

Compound _____ Simple _____ CPI _____ GPO _____ None _____

Other Optional Benefits: _____