

Request for LTCi Proposal

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 St. Paul, MN 55125
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 F 651.739.3265

Advisor Information

Advisor Name	Advisor Phone	Advisor E-Mail

Client Information

Client Name	Age	Date of Birth
Height	Weight	State of Residence/Applicaton
Medical Underwriting: Health Conditions & Diagnosis Dates		

Partner Information

Partner Name	Age	Date of Birth
Height	Weight	State of Residence/Applicaton
Medical Underwriting: Health Conditions & Diagnosis Dates		

Additional Information

Circle One

Partner Status: Married, Single, Domestic Partner	Tobacco Use: Yes/No	Business Owner: C-Corp, S-Corp, Prof Corp, LLC/LLP
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Plan Design

Target Premium (If Known)	\$	
Benefit Amount: \$ Daily, Monthly, Cash	Elimination Period Days: 30, 60, 90, 180, 365	Benefit Period: 2 Yr, 3 Yr, 4 Yr, 5 Yr, 6 Yr, 10 Yr Lifetime
Inflation Protection: None, GPO, CPI, 5% Simple, 3% Compound, 5% Compound	Additional Riders: Shared Care, Return of Premium, Zero Day Home Elimination Period Survivorship, Other	Additional Supplies: Illustration, Spreadsheet, Application, POS Brochure, Contracting