Cenco Insurance Marketing Corporation
1501 El Camino Avenue • Suite 1 • Sacramento • CA • 95815
(916) 920-5251 • (800) 452-3626 • FAX (916) 920-8734

Completed By: _____

LONG TERM CARE PROPOSAL REQUEST

Agent Name:		Date:
Company:		Email:
Address:		Phone:
City/State:	Zip:	Fax:

PROPOSED INSURED INFORMATION

Client Name: DOB:_____ M / F
Non-Smoker: How Long:
Smoker: Cigarettes / Cigar / Pipe / Chew
Preferred + / Pref / Std / Substd

Client Name: DOB:_____ M / F
Non-Smoker: How Long:
Smoker: Cigarettes / Cigar / Pipe / Chew
Preferred + / Pref / Std / Substd

INDIVIDUAL PLAN OPTIONS

Plan Name: TQ / NTQ
Spousal Discount: Y / N
Group Discount: Y / N
Partnership Y / N

Health Concerns:

Elimination Period(s): 0 30 60 90 180 365

Benefit Period(s): 1 yr 2yrs 3yrs 4yrs 5yrs 6yrs

Daily Benefit Amount(s): $_____ $_____ $_____

Home Health Care: 50% 75% 100% None

Inflation Rider: Simple Compound None

Survivorship Benefit: Y / N *Shared Benefit Rider*: Y / N *Shared Wavier of Premium Benefit*: Y / N

Restoration Benefit: Y / N *Nonforfeiture Benefit*: Y / N

Payment Method: Pay for Life