



The Producers Group- LTC Illustration Request

Fax: 949-362-3270 or ltc@thepg.com

Today's Date: _____ Please allow 24 hours for all quotes!

Broker: _____ Phone: (____) _____

Client: _____ Age: _____ DOB: _____

Spouse: _____ Age: _____ DOB: _____

You must be Re-Certified every 2 years for both CA Partnership and LTC!

FAX - Fax Number: (____) _____ - _____ Mail illustration & application

Email Illustration _____ Email Application _____

LTC CARRIER SELECTION: State _____

- Genworth Genworth Partnership Prudential
 John Hancock John Hancock Partnership
 MetLife: Value Ideal Premier MetLife Partnership

Nursing Home Daily Benefit	HomeCare Benefit %	Elimination Period	Inflation Protection Options	Benefit Years
\$10 increments \$ _____ Partnership Minimum \$150/day	<input type="checkbox"/> 100% All Carriers <input type="checkbox"/> 70% JH <input type="checkbox"/> 75% Met , Pru <input type="checkbox"/> 50% Pru, Met	<u>GEN</u> <input type="checkbox"/> 30 <input type="checkbox"/> 90 <u>JH</u> <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 180 <input type="checkbox"/> 365 <input type="checkbox"/> 730 <u>Met</u> 20 <input type="checkbox"/> 45 100 <input type="checkbox"/> 90 (max EP on Partnership) <u>Pru</u> <input type="checkbox"/> 30 <input type="checkbox"/> 60 90 <input type="checkbox"/> 180	<input type="checkbox"/> 5% Simple/Equal <input type="checkbox"/> 5% Compound <input type="checkbox"/> 5% 2x max (Pru) <input type="checkbox"/> FPR (MetLife) <input type="checkbox"/> None Compound is recommended for 69 & under. Simple is recommended for 70& up	_____ We will illustrate nearest available option.

PREMIUM MODE: **ANNUAL** **SEMI-ANNUAL** **QUARTERLY** **MONTHLY PAC**

PRE-UNDERWRITING/DISCOUNT QUESTIONS (Please fill out entirely)

CLIENT: If applying alone, ARE YOU MARRIED? Y / N

SPOUSE:

- Active outside of house: Y / N (circle one)
 - Any hospitalizations in last 5 years? Y / N (circle one)
 - Smoker Non Smoker
 - Height _____ Weight _____
 - Medications? If yes, list below.
 - Any pending surgery?
- List All Conditions, Date of Diagnose, Related Medications

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Circle one:
Ratings: Preferred Standard Class 1 Class 2

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RIDER SELECTIONS PER CARRIER

Survivorship: Rider included w/ **GEN** **JH**, **Met** (not available in the Value Plan) **Pru**

Shared Care **JH** **Met** Return of Premium: **Met** **JH** Enhanced Return of Prem

Elimination waiver for Homecare: **Met** **JH** Enhanced Home Benefit 10 pay **JH** **Met** **Pru**