

# Long-Term Care Insurance Questionnaire



## 1. Client Information

Name: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_

Single                       Married                       Divorced                       Widowed

Date of Birth: \_\_\_\_\_ Spouse/Partner Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone for You: \_\_\_\_\_ Best Phone for Spouse/Partner: \_\_\_\_\_

Your Email: \_\_\_\_\_

Spouse/Partner Email: \_\_\_\_\_

CLIENT NAME	STATE OF RESIDENCE	SPOUSE/PARTNER NAME	STATE OF RESIDENCE
DATE OF BIRTH	HEIGHT / WEIGHT	DATE OF BIRTH	HEIGHT / WEIGHT
MEDICAL CONDITION OR HOSPITALIZATION (Last 10 Years)		MEDICAL CONDITION OR HOSPITALIZATION (Last 10 Years)	
SMOKER <input type="checkbox"/> YES <input type="checkbox"/> NO		SMOKER <input type="checkbox"/> YES <input type="checkbox"/> NO	
MEDICATIONS		MEDICATIONS	

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## 2. Income

### CLIENT INFORMATION

### SPOUSE/PARTNER INFORMATION

Annual Compensation: \$ _____	Annual Compensation: \$ _____
Bonuses: \$ _____	Bonuses: \$ _____
Additional Source of Income (Social Security, pension, rental property, etc.) _____	Additional Source of Income (Social Security, pension, rental property, etc.) _____

Please list the value of the assets in your total investment portfolio:

Bank: \$ \_\_\_\_\_ 401Ks: \$ \_\_\_\_\_ Brokerage: \$ \_\_\_\_\_  
Corporate Stock/Options: \$ \_\_\_\_\_ IRAs: \$ \_\_\_\_\_ Roth IRAs: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

Additional Assets/Liabilities:

Residence Value: \$ \_\_\_\_\_ Mortgage (Residence): \$ \_\_\_\_\_  
Value of Business if Sold: \$ \_\_\_\_\_ Other Real Estate: \$ \_\_\_\_\_  
Other Liabilities: \$ \_\_\_\_\_

Please indicate if you own the following insurance products:

Annuities: Yes No Life: Yes No Disability: Yes No Long-Term Care: Yes No

## 3. Expense

Combined Annual Expenses: \$ \_\_\_\_\_

Over the next 3-5 years do you anticipate any large one-time expenses?(car, home improvement, medical, vacation, etc.)  
\_\_\_\_\_

## 4. How Did You Hear About Us?

Return by email, fax, or mail