



Midwest Life Brokerage Assoc, LLC

LTC & D.I. Illustration Request Form

Scan/Email to: Kris@mwlb.com

Long-Term Care Quote Request

Proposed Insured _____ Birth Date _____ Sex _____ Smoker _____
 Spouse _____ Birth Date _____ Sex _____ Smoker _____

Quote: Specific Carrier(s) _____ Best Rate

Daily Benefit _____ Premium Payment Period: Single Premium 10-Pay Lifetime
 Elimination Period: 0 30 60 90 180 365

Benefit Period: 2 years 3 years 4 years 5 years Lifetime

Inflation Rider: Simple Compound Home Health Care Benefit: 100% 75% 50%

Other Riders: _____

Declined by another carrier: Yes No

Medical Conditions:

- Smoker
- Diabetes: Insulin dependent
- Stroke or TIA within last 12 months
- Heart Condition within last 5 years
- Cancer within last 5 years
- Other _____

All Medications Taken:

Disability Income Quote Request

Proposed Insured _____ Birth Date _____ Sex _____
 Earned Income _____ Unearned Income _____ Net Worth (if in excess of \$1 million) _____

Occupation/Job Duties (% of time if more than one occupation) _____ Rate Class: _____

Smoker: Yes No

Coverage Amount _____ Base _____ SSS _____

Existing Coverage: Group _____ Individual _____ Replacement Planned: Yes No

Quote: Carrier(s) _____ Best Rate

Elimination Period: 30 60 90 180 365 730

Benefit Period: 2 year 5 year Age 65 Lifetime

Own Occ. Benefit (if available): Yes No Riders: COLA APB SSS Other _____

Health Conditions/Medications Taken: _____

Comments: _____

AGENT Name: _____ Email: _____
 Phone: _____ Fax: _____