

Complete and Return by Fax to (631) 265 -7054 or Email to vainc@victorson.com		
Agent Name	License Number	Date Needed
Phone Number	Email	

Carrier Preference Assurity Genworth John Hancock	MedAmerica Transamerica	Mutual of Omaha Prudential No Preference
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Premium threshold – Monthly amount \$ _____ or Annual amount \$ _____
“Premium clients can afford to pay”

Client Name _____ State of Residence _____	Spouse / Partner Name _____ State of Residence _____
Date of Birth _____ Marital Status (circle) _____ Height / Weight _____ S M Domestic Partner	Date of Birth _____ Height / Weight _____
Serious illness, accident or hospitalization in last 10 years Have you ever had or currently have: any types of cancers? heart diseases? diabetes? arthritis? uncontrolled blood pressure? a stroke or TIA? Medications _____ _____ _____ Smoker Yes No	Serious illness, accident or hospitalization in last 10 years Have you ever had or currently have: any types of cancers? heart diseases? diabetes? arthritis? uncontrolled blood pressure? a stroke or TIA? Medications _____ _____ _____ Smoker Yes No
Plan Design – Client 1 (Comprehensive plans cover home care, assistant living and facilities) YES (Home care amount - 100% or 50%) NO (facilities only) Benefit Amount \$ _____ Daily Monthly (National average of semi private room in nursing home \$ 183 per day) Benefit Duration _____ YEARS LIFETIME (Lifetime coverage is very \$\$ - average paid claim is closer to 3 yrs) Elimination Period _____ DAYS (30, 60, 90 days) Inflation YES (Compound, Simple, CPI) NO (GPO) Riders HOME CARE ELIMINATION PERIOD WAVIER (Most popular rider, client receive care day 1 at home) SHARED CARE (Spouses can share each others policies) OTHER _____ Premium Payment options - LIFE PAY LIMITED PAY (10 pay)	Plan Design – Client 2 <p style="text-align: center;"><u>SAME AS CLIENT 1</u></p> (Comprehensive plans cover home care, assistant living and facilities) YES (Home care amount - 100% or 50%) NO (facilities only) Benefit Amount \$ _____ Daily Monthly (National average of semi private room in nursing home \$ 183 per day) Benefit Duration _____ YEARS LIFETIME (Lifetime coverage is very \$\$ - average paid claim is closer to 3 yrs) Elimination Period _____ DAYS (30, 60, 90 days) Inflation YES (Compound, Simple, CPI) NO (GPO) Riders HOME CARE ELIMINATION PERIOD WAVIER (Most popular rider, client receive care day 1 at home) SHARED CARE (Spouses can share each others policies) OTHER _____ Premium Payment options - LIFE PAY LIMITED PAY (10 pay)