Victorson Associates, Inc. Quote Request

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		Mutual of Omaha			
	Genworth	MedAme				
	John Hancock	Transar	nerica	N	lo Preference	
Promium throshold Monthly amount \$ ar Annual amount \$						
Premium threshold – Monthly amount \$or Annual amount \$ "Premium clients can afford to pay"						
Client Name		State of Residence	Spouse / Partner	r Name		State of Residence
Date of Birth	Marital Status (circle)	Height / Weight	Date of Birth			Height / Weight
	S M Domestic Partner					
Serious illness accid	dent or hospitalization in last 1		Serious illness, a	accident or hos	spitalization in las	at 10 years
·			· · · · · · · · · · · · · · · · · · ·			
Have you ever had or currently have: any types of cancers?			Have you ever had or currently have: any types of cancers?			
heart diseases?			heart diseases?			
diabetes?			diabetes?			
arthritis?			arthritis?			
uncontrolled blood pressure?			uncontrolled blood pressure?			
a stroke or TIA?			a stroke or TIA?			
Medications			Medications			
Smoker Yes No			Smoker Yes No			
Plan Design – Client	t 1		Plan Design – Cl	lient 2		
			SAME AS CLIENT 1			
(Comprehensive plans cover home care, assistant living and facilities)			(Comprehensive plans cover home care, assistant living and facilities)			
YES (Home care amount - 100% or 50%) NO (facilities only)			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 Amount (National averag	: \$ <u> </u>	Da ate room in nursir	aily Monthly ng home \$ 183 per day)
Benefit DurationYEARS LIFETIME			Benefit Duration			
(Lifetime coverage is	s very \$\$ - average paid claim	is closer to 3 yrs)	(Lifetime coverage	ge is very \$\$ -	average paid cla	im is closer to 3 yrs)
Elimination PeriodDAYS (30, 60, 90 days)			Elimination PeriodDAYS (30, 60, 90 days)			
Inflation YES	(Compound, Simple, CPI)	NO (GPO)	Inflation Y	'ES (Compour	nd, Simple, CPI)	NO (GPO)
	CARE ELMINATION PERIOD popular rider, client receive ca				MINATION PERI	OD WAVIER care day 1 at home)
	ED CARE ses can share each others pol	icies)		ARED CARE bouses can sh	nare each others p	policies)
OTHER	R		ОТН	HER		
Premium Payment o	ptions - LIFE PAY L	IMITED PAY (10 pay)	Premium Pavme	ent options -	LIFE PAY	LIMITED PAY (10 pay)