

Long Term Care Insurance Assessment



newmanLTC.com

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PREPARED FOR: Individual Spouse/Other Business

AGE GROUP: 18-35 36-50 51-65 65 and over

GOALS: (5) – most important; (1) – not important at all

Peace of Mind 5 4 3 2 1 Financial Independence 5 4 3 2 1
 Spouse & Family 5 4 3 2 1 Other _____ 5 4 3 2 1

AGENT NAME _____

PHONE NUMBER _____

E-MAIL ADDRESS: _____

APPLICANT NAME: _____ DATE OF BIRTH _____ AGE _____

DAYTIME PHONE: _____

SPOUSE/OTHER APPLICANT NAME: _____ DATE OF BIRTH _____ AGE _____

EVENING PHONE: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

BEST TIME TO CALL: Daytime Evening

5 DECISIONS IN DESIGNING YOUR LONG TERM CARE POLICY

1 Daily Benefit Amount

\$ _____
\$50 – \$350

2 Home Health Care Amount

_____ %
50% – 100%

3 Deductible, waiting, or elimination period

_____ DAYS
0 – 100 DAYS

4 Payout Duration (2 YRS. - LIFETIME)

_____ yrs

Total Benefit Pool of Money

5 Inflation Protection

SIMPLE COMPOUND NONE

FINANCIAL RISK DATA

MONTHLY INCOME	CLIENT	SPOUSE
Wages	\$ _____	\$ _____
Other	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
IRA Distributions	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Total Income	\$ _____	\$ _____

ANNUAL LTC BUDGET

\$ _____

NET WORTH

Personal Property	\$ _____
Investments	\$ _____
Other	\$ _____
Total Net Worth	\$ _____

HEALTH CONDITION - APPLICANT

DATE OF LAST COMPLETE PHYSICAL: _____

HEIGHT: _____ WEIGHT: _____ TOBACCO? Y N

MEDICATIONS (dosage & condition) **HEALTH HISTORY** (last 5 years)

HEALTH CONDITION - SPOUSE/OTHER

DATE OF LAST COMPLETE PHYSICAL: _____

HEIGHT: _____ WEIGHT: _____ TOBACCO? Y N

MEDICATIONS (dosage & condition) **HEALTH HISTORY** (last 5 years)

YES. I authorize _____ (agent) to complete an application for acceptance to Long Term Care Insurance protection.

YES. I authorize _____ (agent) to have a licensed agent Advisor from Newman Financial Services, LLC contact us for a free consultation with no obligation.

NO. Long Term Care Insurance has been explained to me and I decline coverage at this time.

SUBMITTED BY: _____ DATE _____

SUBMIT FORM

CLEAR FORM