Long-Term Care Insurance Proposal Request

Borden Hamman Agency

Main: **(800) 492-9190** Fax Number: **214-302-8198**
www.bordenhamman.com **marketing@bordenhamman.com**

AGENT NAME: _____ Lic. # _____
Email: _____
TELEPHONE: _____ FAX_____
ADDRESS: _____
Marketing Rep: _____ Date Requested: _____

CLIENT #1		CLIENT #2	
NAME:		NAME:	
DATE OF BIRTH:		DATE OF BIRTH:	
HEIGHT:	WEIGHT:	HEIGHT:	WEIGHT:
ANNUAL HOUSEHOLD INCOME (Important!): ■ Under $50K ■ $50 - $100K ■ $100K Plus			
SIGNIFICANT MEDICAL HISTORY & MEDICATIONS (Dates & Dosages)		SIGNIFICANT MEDICAL HISTORY & MEDICATIONS (Dates & Dosages)	
CANE, WALKER OR WHEELCHAIR? ● Yes ● No		CANE, WALKER OR WHEELCHAIR? ● Yes ● No	
Tobacco Use Last 12 months? ● Yes ● No		Tobacco Use Last 12 months? ● Yes ● No	
INDICATE IF YOU HAVE BEEN MEDICALLY DIAGNOSED OR TREATED FOR ANY OF THE CONDITIONS BELOW:		INDICATE IF YOU HAVE BEEN MEDICALLY DIAGNOSED OR TREATED FOR ANY OF THE CONDITIONS BELOW:	
Abnormal Blood Pressure	● Yes ● No	Abnormal Blood Pressure	● Yes ● No
Diabetes	● Yes ● No	Diabetes	● Yes ● No
Heart or Circulatory Disorder	● Yes ● No	Heart or Circulatory Disorder	● Yes ● No
Cancer	● Yes ● No	Cancer	● Yes ● No
Respiratory Disorder	● Yes ● No	Respiratory Disorder	● Yes ● No
Stroke or TIA	● Yes ● No	Stroke or TIA	● Yes ● No
Falling or Unstable Gait	● Yes ● No	Falling or Unstable Gait	● Yes ● No
Dizziness or Fainting	● Yes ● No	Dizziness or Fainting	● Yes ● No
Confusion or Memory Loss	● Yes ● No	Confusion or Memory Loss	● Yes ● No
Weakness or Fatigue	● Yes ● No	Weakness or Fatigue	● Yes ● No
Bladder or Bowel Control	● Yes ● No	Bladder or Bowel Control	● Yes ● No
Neurological Disorder	● Yes ● No	Neurological Disorder	● Yes ● No
Receiving physical therapy	● Yes ● No	Receiving physical therapy	● Yes ● No
Scheduled treatment or surgery	● Yes ● No	Scheduled treatment or surgery	● Yes ● No
Depression/anxiety	● Yes ● No	Depression/anxiety	● Yes ● No

REQUESTED BENEFIT DESIGN:

Daily Benefit Amount: $	State of Residence
Elimination Period: ■ 0 day ■ 30 days ■ 90 days	Inflation:
Benefit Pool: # of years:	
Carrier Preference:	Payment Options: ■ Lifetime Pay ■ Limited Pay