



Life and Health Insurance Brokerage:
Products, Knowledge, & Service

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LONG TERM CARE ILLUSTRATION REQUEST- FAX TO (315)471-8461

Agent Name: _____ FAX#: _____

E-mail Address _____ PHONE# _____

PARTNERSHIP _____ NON-PARTNERSHIP _____
Dollar for Dollar _____ or Asset Protection _____

Client Name: _____ DOB: _____

Preferred: _____ Married: _____
Standard: _____ Single: _____
Nicotine Use: _____

Spouse: _____ DOB: _____
Preferred: _____
Standard: _____
Nicotine Use: _____

Nursing Home Daily Benefit (between \$50.00 & \$300.00) increments of \$10.00 _____
(\$304.00 minimum for NY Partnership in the year 2017)

Home Health Care 50% _____ 75% _____ 80% _____ 100% _____

Benefit Period (2,3,4,5,6, 7) _____

Elimination Period (0,20,30,60,90,100,365) _____

Inflation Option 5% or 2% Compound _____ 5% Simple _____
3.5% simple or compound _____ CPI _____ None _____

Specify requested riders and health concerns _____

Return of Premium Yes _____ No _____

Genworth _____ Mutual of Omaha _____

Lincoln Money Guard Single pay _____

“Serving Central New York Brokers Since 1967”