Request for LTCI Proposal

Fax back to us at (619) 325-8444

Today's Date:				Telephone #:	Fax#:
Broker Name:				Affiliation:	
Address:				Suite#:	
City:				State:	Zip Code:
Is this your first DIS proposal?	Yes 🗖	No 🗖		Email Address:	
Illustration to be received by:	Mail 🗖	Fax 🗖	Email 🗖		

CLIENT INFORMATION

State of Residence:	
Client Name:	Spouse Name:
Client DOB:	Spouse DOB:
Client's Height & Weight:	Spouse Height & Weight:
Smoker 🖵 / Non-Smoker 🖵	Marital Status: Yes 🖵 / No 🖵
Client Health Issues:	Spouse Health Issues:



4444 ZION AVENUE • SAN DIEGO, CA 92120 800-898-9641 • www.diservices.com

PROPOSED PLAN DESIGN

Payment: Method: 🗖 Employer Pay 📮 Employee Pay
Plan Choice: Comprehensive Facility Care Only
Benefit: 🗖 Daily Benefit 🗖 Monthly Benefit
Benefit Amount: \$
Maximum Benefit Period:
Daily: 🗖 2yr 🗖 3yr 🗖 4yr 🗖 5yr 🗖 6yr 🗖 8yr 🗖 10yr
Monthly: 🛛 1yr 🖓 2yr 🖓 2.8yr 🖓 3yr 🖓 4yr 🖓 5yr 🖓 6yr 🖓 8yr
Elimination Period (Days): 🔲 30 🔲 60 🔲 90 🔲 180
Payment Method: 🛛 Indemnity 🗳 Reimbursement

OPTIONS

0 Day Elimination Period for Home & Community Care: 🛛 Yes 🖓 No
Service Days 📮 / Calendar Year 📮
Home & Community Care Benefit: 🗖 50% 🗍 75% 📮 100%
Inflation Protection Options: 🛛 3% Equal 🔲 5% Equal 🔲 3% Compound 🔲 5% Compound 🔲 Future Purchase 🔲 None
Restoration of Benefits: 🛛 Yes 🗳 No
Shared Coverage: Yes No
Premium Payment Period: 🔲 Lifetime 🔲 10-Pay 🔲 Pay to age 65
Return of Premium at Death: 🛛 Yes 🖓 No - If yes, select one: 🖓 Graded 🎧 Full
Survivorship Option: 🗖 7 Years 🔲 10 Years 🔲 None
Optional NonForfeture: 🛛 Yes 🔍 No
Partnership (if applicable): 🔲 Yes 🔲 No



4444 ZION AVENUE • SAN DIEGO, CA 92120 800-898-9641 • www.diservices.com