



**TRUST FINANCIAL
SERVICES**

YOUR TRUSTED SOURCE
FOR LIFE SOLUTIONS

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Long Term Care Illustration Request Form

Producer Information

Date:					
Agent Name:			E-Mail Address:		
Phone:			Fax:		
Street Address		Suite	City	State	Zip Code
Return Method (circle one)		Email	Fax	Mail	Broker Pick-up

Client Information

Insured #1	Insured #2 – Joint
Name:	Name:
DOB:	DOB:
Gender: Male Female	Gender: Male Female
Smoker: Yes No If you quite smoking, how long has it been?	Smoker: Yes No If you quite smoking, how long has it been?
Build: Height:_____ Weight:_____	Build: Height:_____ Height:_____
Illness, accident or hospitalization in past 10 years:	Illness, accident or hospitalization in past 10 years:
Medications:	Medications:



Illustration

Carrier Preference:	Genworth	John Hancock	Mutual of Omaha			
Plan:	Individual	Shared Care				
Care Type:	Facility Only	100% Home Health Care	Other			
Benefit Amount:	\$_____	Daily	Monthly			
Benefit Duration:	3yr	4yr	5yr	10yr	Lifetime	Other
Elimination Period:	30	60	90	180		
State of Issue:						
Inflation:	5% Compound	5% Simple	None			
Riders:	Restoration of Benefits:_____	Indemnity	Return of Premium			
Premium Payment Mode:	Annual	Semi-Annual	Quarterly	Monthly		
Limited Pay Options:	Lifetime	10 Pay	Pay to 65			
Special Instructions:						
Supplies:	Appointment Forms	Application Packs	Product Information			

Thank you for doing business with Trust Financial Services LLC.