



SENIORS INSURANCE MARKETING GROUP

LONG TERM CARE PRELIMINARY SURVEY
FOR SUBMISSION TO UNDERWRITERS for CONSIDERATION AND PLANNING

Submit to John Duffin Financial: dfibjohn@yahoo.com;
Fax: (317) 536-3060; Phone: (317) 219-6771; Cell: (317) 679-2874

Date: _____

Submitting Agency Name: _____

Agent: _____

Address: _____

Phone: _____ fax: _____

AGENCY OR AGENT IS LTC LICENSE QUALIFIED | YES | NO

Client Name: _____ Date of Birth: _____

Residence State: _____

| Male | Female | Smoker | Yes | No

Health Conditions and Meds, onset dates: _____

Spouse:

Name: _____ Date of Birth: _____

| Male | Female | Smoker | Yes | No

Health Conditions and Meds, onset dates: _____

Requested Daily Benefits \$ _____ Inflation Guard | Yes | No

Home Health Care | Yes | No Percentage _____%

Benefit Period _____ Elimination Period _____