



Strong. Stable. Focused on you.
Advisor Services of America; a division of The ASA Group

Long Term Care Quote Request Package

Before you submit a request to quote, please read through this package and confirm the following:

- **Have you set proper premium expectations for the client?**
- **Does your client have any of the uninsurable conditions?**
- **Is your client taking any of the red flag medications?**

Important things to consider about Long Term Care...

In order to receive the benefits of a LTC policy the individual must not be able to perform two of these six activities daily: bathing, dressing, eating, toileting, continence, and transferring, or they require substantial supervision due to severe cognitive impairment.

There are four general forms of inflation protection: compound, simple, deferred, and no inflation. The biggest impact on premium is the type of inflation protection chosen, and due to the rising cost of healthcare it is very important to choose the appropriate protection for your client.

There are four underwriting classes for Long Term Care: preferred, standard, class 1, and class 2.

When taking an application for Long Term Care, remember that you must collect at least two months of premium.

LTC Terms Defined...

Compound Inflation – typically adds 3 or 5 percent to the daily benefit and is compounded annually, so that the daily benefit doubles in 14.5 years. It is appropriate to consider this option for anyone under the age of 60.

Simple Inflation – increases the original daily benefit by 3 or 5 percent every year automatically. This will double the daily benefit in 19.5 years and is best suited for individuals in their 60s.

Deferred Inflation – gives the insured the ability at any point to choose any of the above mentioned without evidence of insurability.

No Inflation – means that's your clients benefits will remain level for the life of the policy.

Elimination Period – is a period of days, i.e. 0, 30, 60, 90, 180 a client must satisfy in order to begin receiving benefits.

Daily Benefit – is the amount of money that the insured can receive each day to cover the cost of long term care expenses. The beginning daily benefits range from \$50 to \$500.

**A number of additional riders are available.
Contact us to discuss them and see if your client is a fit.**

Long Term Care Sample Premiums For Individuals Aged 55-75

55 Year Old Male – Estimated Annual Premium – 90 Day Elimination Period

Benefit Increase Option	\$54,750.00	\$109,500.00	\$164,250.00	\$219,000.00	\$273,750.00	\$328,500.00
Deferred	\$770.15	\$888.85	\$1,001.30	\$1,100.67	\$1,193.04	\$1,484.15
3% Compound	\$1,370.87	\$1,582.16	\$1,792.33	\$2,036.24	\$2,207.12	\$2,730.84
5% Compound	\$2,618.51	\$3,022.09	\$3,524.57	\$3,940.40	\$4,271.09	\$4,838.33

65 Year Old Male – Estimated Annual Premium – 90 Day Elimination Period

Benefit Increase Option	\$54,750.00	\$109,500.00	\$164,250.00	\$219,000.00	\$273,750.00	\$328,500.00
Deferred	\$1,551.11	\$1,790.03	\$2,016.60	\$2,216.56	\$2,402.67	\$2,988.85
3% Compound	\$2,295.65	\$2,649.25	\$3,004.74	\$3,302.67	\$3,531.93	\$4,483.28
5% Compound	\$3,303.86	\$3,812.76	\$4,416.35	\$4,942.93	\$5,357.96	\$6,306.47

75 Year Old Male – Estimated Annual Premium – 90 Day Elimination Period

Benefit Increase Option	\$54,750.00	\$109,500.00	\$164,250.00	\$219,000.00	\$273,750.00	\$328,500.00
Deferred	\$3,872.69	\$4,469.21	\$5,034.37	\$5,533.96	\$5,998.38	\$7,461.55
3% Compound	\$5,034.50	\$5,809.98	\$6,544.68	\$7,028.13	\$7,497.98	\$9,625.40
5% Compound	\$5,925.21	\$6,837.89	\$7,853.62	\$8,965.02	\$9,717.38	\$11,789.25

55 Year Old Female – Estimated Annual Premium – 90 Day Elimination Period

Benefit Increase Option	\$54,750.00	\$109,500.00	\$164,250.00	\$219,000.00	\$273,750.00	\$328,500.00
Deferred	\$1,173.73	\$1,354.51	\$1,526.00	\$1,677.11	\$1,817.86	\$2,261.47
3% Compound	\$2,089.24	\$2,411.03	\$2,731.54	\$3,102.66	\$3,363.04	\$4,161.11
5% Compound	\$3,990.68	\$4,605.33	\$5,371.52	\$6,004.05	\$6,507.94	\$7,372.40

65 Year Old Female – Estimated Annual Premium – 90 Day Elimination Period

Benefit Increase Option	\$54,750.00	\$109,500.00	\$164,250.00	\$219,000.00	\$273,750.00	\$328,500.00
Deferred	\$2,363.56	\$2,727.71	\$3,073.15	\$3,377.66	\$3,661.00	\$4,554.26
3% Compound	\$3,498.07	\$4,037.01	\$4,578.99	\$5,032.72	\$5,381.67	\$6,831.40
5% Compound	\$5,034.39	\$5,810.03	\$6,730.20	\$7,532.18	\$8,164.03	\$9,609.48

75 Year Old Female – Estimated Annual Premium – 90 Day Elimination Period

Benefit Increase Option	\$54,750.00	\$109,500.00	\$164,250.00	\$219,000.00	\$273,750.00	\$328,500.00
Deferred	\$5,900.85	\$6,809.78	\$7,672.00	\$8,432.11	\$9,140.01	\$11,369.84
3% Compound	\$7,671.11	\$8,852.71	\$9,973.60	\$10,708.78	\$11,425.02	\$14,667.09
5% Compound	\$9,028.30	\$10,418.96	\$11,968.32	\$13,660.02	\$14,806.81	\$17,964.35



Uninsurable Conditions and Red Flag Medications

Uninsurable Conditions

Alzheimer's Disease	Congestive Heart Failure (CHF in combination with any of the following: Heart Attack or Angina; Angioplasty or Heart Surgery	Ehlers-Danlos Syndrome	Metastatic Cancer (spread from original site/location)	Organ Transplant (other than Kidney or Cornea)	Stroke
Amyotrophic Lateral Sclerosis (ALS also called Lou Gehrig's Disease)	Cystic Fibrosis	Frequent or persistent forgetfulness or memory loss	Multiple Sclerosis (MS)	Parkinson's Disease	TIA in combination with Heart Disease or Heart Surgery
Bipolar Disorder (Manic Depression)	Dementia	Huntington's Disease	Muscular Dystrophy	Schizophrenia or other forms of Psychosis	TIA two or more times
Cirrhosis of the Liver	Diabetes under treatment with Insulin or with a history of TIA, Heart Disease, or Circulatory/Vascular Disease	Marfan's Syndrome	Myelofibrosis	Senility	

Note: If your client has or has had any of these conditions, you should not submit a long term care insurance application on him or her. This list addresses the most common uninsurable conditions and is not all-inclusive.

Red Flag Medications

*Please note that use of any of these medications does not preclude coverage.

Brand Name

Antabuse®
 Aralast NP®
 Aricept®
 Avonex® (if for MS)
 Betasero® (if for MS)
 Campral®
 Cognex®
 Copaxone® (if for MS)
 Depade®
 Exelone®
 Flolan®
 Gilenya®
 Namenda®
 Razadyne®
 Remodulin®
 ReVia®
 Suboxone®
 Tracleer®
 Tysabri®
 Ventavis®
 Vivitrol®

Generic

disulfiram
 alpha-1-proteinase inhibitor
 donepezil HCl
 interferon beta-1a
 interferon beta-1b
 acamprosate calcium
 tacrine
 glatiramer
 naltrexone
 rivastigmine
 epoprostenol sodium
 fingolimod
 memantine
 galantamine hydrobromide
 treprostinil
 naltrexone
 buprenorphine and naloxone
 bosentan
 natalizumab
 iloprost
 naltrexone



Quote Request

Agent Name	License Number	Date Needed
Phone Number	Email	

*Please fax requests to (501) 223 - 3791 or submit them via email to Marketing@theasagroup.com

Carrier Preference			
<input type="checkbox"/> Transamerica		<input type="checkbox"/> John Hancock Partnership	
<input type="checkbox"/> Genworth		<input type="checkbox"/> Mutual of Omaha	
Client Name		State of Residence	
Spouse / Partner Name		State of Residence	
Date of Birth	Marital Status (Check one) S M Domestic Partner	Height / Weight	
Date of Birth		Height / Weight	
Serious illness, accident or hospitalization in last 10 years		Serious illness, accident or hospitalization in last 10 years	
Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No		Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medications _____		Medications _____	
_____		_____	
_____		_____	
_____		_____	
Plan Design		Plan Design	
<input type="checkbox"/> COMPREHENSIVE		<input type="checkbox"/> COMPREHENSIVE	
<input type="checkbox"/> FACILITY ONLY		<input type="checkbox"/> FACILITY ONLY	
Benefit Amount \$ _____ <input type="checkbox"/> Daily <input type="checkbox"/> Monthly		Benefit Amount \$ _____ <input type="checkbox"/> Daily <input type="checkbox"/> Monthly	
Benefit Duration _____ YEARS		Benefit Duration _____ YEARS	
Elimination Period _____ DAYS		Elimination Period _____ DAYS	
Inflation <input type="checkbox"/> 5% COMPOUND <input type="checkbox"/> FLAT <input type="checkbox"/> NONE		Inflation <input type="checkbox"/> 5% COMPOUND <input type="checkbox"/> FLAT <input type="checkbox"/> NONE	
Riders <input type="checkbox"/> SHARED CARE		Riders <input type="checkbox"/> SHARED CARE	
<input type="checkbox"/> RETURN OF PREMIUM		<input type="checkbox"/> RETURN OF PREMIUM	
<input type="checkbox"/> INDEMNITY		<input type="checkbox"/> INDEMNITY	
<input type="checkbox"/> RESTORATION OF BENEFITS		<input type="checkbox"/> RESTORATION OF BENEFITS	
_____		_____	
_____		_____	

