

Please email completed form to info@westlandinc.com

Advisor Data Today's Date: \_\_\_\_\_ Appointment Date: \_\_\_\_\_  
 Advisor Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Quote requested by: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Client Data**

**Spouse / Companion Data**

Name:	Age:	Name:	Age:
DOB:	Height:	DOB:	Height:
Residence State:	Weight:	Residence State:	Weight:
App Signature	State:	App Signature:	State:
Married	Single	Domestic Partner	If domestic partner, how long?
Business Owner?			
If Yes, Business Type:	C-Corp	S-Corp	Professional Corp
			LLC/LLP
			Self Employed

Choose Carriers Genworth John Hancock LifeSecure LTCIP Choose  
MedAmerica Mutual of Omaha Transamerica

Long-Term Care Benefits Choose Benefits or Target Annual Premium \$ _____					<b>Additional Notes:</b>
Benefit Amount	Home Health Care	Benefit Period	Inflation Protection	Additional Riders	
\$ _____	% _____	2 Year	GPO	Shared Care / Shared Benefit	
Daily	Elimination Period # of days _____ _____ Calendar Days	3 Year	5% Simple	Return of Premium	
Monthly		4 Year	3% or CPI Compound	0-day Home Elimination Period	
		5 Year	4% Compound	Survivorship	
		6 Year	5% Compound	Restoration of Benefits	
Partnership Plan Requested: Yes No					

Underwriting Information Client: Preferred Standard Spouse / Companion: Preferred Standard

Tobacco use last 5 yrs	Yes No	Quit date:	Yes No	Quit date:
Health Conditions & Diagnosis Dates				
Medications—dosage, date started, reason for taking				
Hospitalizations in the last 5 yrs—reasons & dates				

Internal note: