



## Supplemental Questions for a Combo Quote Request

<b>Client Name 1:</b>		<b>Date of Birth:</b>	<b>Tobacco User:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Last Used</b> _____
<b>Client Name 2:</b>		<b>Date of Birth:</b>	<b>Tobacco User:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Last Used</b> _____
<b>Resident State:</b>	<b>Domestic Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Legal Partners	<input type="checkbox"/> Partner not applying/Other; Explain: _____	

- **How long of a need would your client like to insure?** \_\_\_\_\_  
Our typical design is a 2-year accelerated death benefit plus a 4-year extension of LTC benefits.
- **How important is a moneyback guarantee?** \_\_\_\_\_  
Consider the following:
  - A stronger guarantee generally eats into death & LTCi benefits
  - Few people drop these plans. If your client is going to keep it anyway, is a money-back guarantee necessary?
- **How likely is it that your client would want to pay a relative, friend or other informal caregiver to provide care, as opposed to using a home care agency or facility?** \_\_\_\_\_
- **Premium Considerations**
  - a. **How will your client pay for this product?**
    - Cash
    - Life insurance policy (\*1035 exchange)
    - Certificate of deposit
    - Qualified annuity
    - Non-qualified annuity
    - Stocks
    - Other; please explain \_\_\_\_\_

\*Note: if there is both a §1035 exchange AND cash, don't send the cash until the §1035 exchange money is available. Contact Penny Shumaker ([pennys@targetins.com](mailto:pennys@targetins.com); 913-403-5822 or 800-999-3026, x2261) for more information.

  - b. **\*If a §1035 exchange:**
    1. Who is the insured or annuitant? \_\_\_\_\_
    2. Who is the owner? \_\_\_\_\_
  - c. **How many years would your client like to pay premium? (1-10 years)** \_\_\_\_\_
  - d. **Does your client have an anticipated budget for the premium?** \_\_\_\_\_
  - e. **Could it be paid by a business?** \_\_\_\_\_