

THE
AGENTS' MARKETING
GROUP INC.

It's Our Service That Produces

Long Term Care Check List

Client 1: _____ DOB (age): _____

Male/ Female Preferred/ Standard Tobacco/ Non Tobacco

Client 2: _____ DOB (age): _____

Male/ Female Preferred/ Standard Tobacco/ Non Tobacco

Are the clients married? Yes/No

State of Issue: _____

Daily or Monthly Benefit Amount: _____

Length of Benefit Period: 2 year / 3 year/ 4 year/ 5 year/ Lifetime

Premium Mode: Monthly/ Quarterly/ Semi-Annual/ Annual/ 10 pay/ Pay to Age 65

Inflation options: 5% compound/ 5% Simple/ GPO/ No inflation

Riders: _____

Any Company in Particular? _____

Health Concerns:
