



NORTHSTAR LTCi Proposal Request

Fax to: 650-692-5204

Broker Name	Phone#
--------------------	---------------

E-mail address	App state
-----------------------	------------------

If the application will be taken in a state that is different from the client's resident state, please be sure to let us know. This will affect the quote we give you and the forms that you will use.

Client Name and birthdate

Is client married?	Yes	No	If Yes, is spouse applying?	Yes	No
---------------------------	-----	----	------------------------------------	-----	----

Committed relationship?	Yes	No	Is Significant Other applying?	Yes	No
--------------------------------	-----	----	---------------------------------------	-----	----

NOTE: Most carriers will allow a spousal discount for couples who are not married but in a committed relationship. Please indicate if this is the case.

Additional Applicant Name and birthdate

Policy Design

Benefit Type	Daily			Weekly			Monthly			
Benefit Amount	\$			\$			\$			
Elimination Period (days)	0	20-30	50-60	90 -100	more than 100					
Benefit Period	2	3	4	5	6	7	8	10	12	Lifetime

If Benefit Period is less than lifetime, and clients are married, are you interested in a Shared Care plan? Yes No

COLA Rider	Compound	Simple	BIO	Other	None
-------------------	----------	--------	-----	-------	------

Waiver of Premium (if not included in base plan)	Yes	No	Joint Waiver (if not included in base plan)	Yes	No
---	-----	----	--	-----	----

Limited Pay	5 pay	10 pay	20 pay	Paid up at 65	Single Pay
--------------------	-------	--------	--------	---------------	------------

Medication and/or Health Issues:

Today's Date: _____	I need this by: _____
---------------------	-----------------------

NOTE: Not all benefits and options are available with all carriers. Not all companies are available in all states. We will try to get as close as possible to your specifications.