JURS MONTGOMERY
BROKERAGE LLC

Long Term Care Illustration Request

Advisor Name:_____ **Phone:**_____ **Email:**_____

Client Name:_____ **DOB:**_____ **Gender:**_____ **State:**_____

Married:_____ **If yes, is spouse applying:**_____ **Tobacco Use:**_____ **Height/Weight:**_____

Health Concerns (Surgeries, Hospitalizations, Chronic Conditions):_____

_____

_____

Medications:_____

Spouse Name:_____ **DOB:**_____ **Gender:**_____ **State:**_____

Tobacco Use:_____ **Height:**_____ **Weight:**_____

Health Concerns (Surgeries, Hospitalizations, Chronic Conditions):_____

_____

_____

Medications:_____

Client 1:

Benefit Amount:_____ **Monthly/Daily:**_____ **Home Health Care:**_____**%** **Benefit Period:**_____

Elimination Period:_____**days** **Inflation:** ____**% Simple** ____**% Compound** ____**None**

Client 2:

Duplicate Client 1 Benefits: ___**Yes** ____**No**

Benefit Amount:_____ **Monthly/Daily:**_____ **Home Health Care:**____**%** **Benefit Period:**_____

Elimination Period:_____**days** **Inflation:** ____**% Simple** ____**% Compound** ____**None**

Shared Care Benefit: ____**Yes** ____**No**

Additional Information:_____

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