

**PRODUCERS CONNECTION, LLC**  
Phone: (901) 758-8886 / (800) 737-4915  
Email: [ryan@PC4Producers.com](mailto:ryan@PC4Producers.com)

**LTC QUOTE REQUEST**  
Fax to: (901) 758-8841  
website: [www.PC4Producers.com](http://www.PC4Producers.com)

**Agent** (name & phone): \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Agent email address: \_\_\_\_\_@\_\_\_\_\_

**1) Applicant name** \_\_\_\_\_ **DOB** \_\_\_\_\_

Employment status i.e. Self employed, Occupation and duties, and Tax entity \_\_\_\_\_  
\_\_\_\_\_

Height / weight: \_\_\_/ \_\_\_ Tobacco status: date last used and type \_\_\_\_\_

Medical Conditions & Medications (Include dates of onset and Rx mg. per day)  
\_\_\_\_\_  
\_\_\_\_\_

**Married? Y / N**

**2) Spouse/ Partner's name** \_\_\_\_\_ **DOB** \_\_\_\_\_

Employment status i.e. Self employed, Occupation and duties, and Tax entity \_\_\_\_\_  
\_\_\_\_\_

Height / weight: \_\_\_ / \_\_\_ Tobacco status: date last used and type \_\_\_\_\_

Medical Conditions & Medications (Include dates of onset and Rx mg. per day)  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's state of residence:** \_\_\_\_\_ **Benefit Amount:** \$ \_\_\_\_\_ Day / Mo

**Plan type:** Reimbursement **Partnership Eligible?** yes no

**Premium pay period if available:** Lifetime Single Pay\*

**Benefit period or pool:** Yrs. 3 4 5 6 7 / \$100k \$200k \$300k \$400k \$500k \$Million

**Elimination Period** 30 60 90 180 Day 1 HHC

**Inflation rider** Simple Compound 3% 5% CPI FPO

**Additional riders** Shared Care ROP Extra Cash

**Partner discount:** None 1 applies Both apply and approved

**Circle preferred company to quote (if any):**

John Hancock

Mutual of Omaha (United)

Lincoln (Money Guard)

State Life (Asset Care\*)

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Visit our "Long Term Care" section on our website: [www.PC4Producers.com](http://www.PC4Producers.com)