



KRAUSE FINANCIAL SERVICES

LONG-TERM CARE INSURANCE QUOTE REQUEST

APPLICANT INFORMATION

Applicant A: _____ Applicant B: _____

Height: _____ Weight: _____ Height: _____ Weight: _____

Date of Birth: _____ Date of Birth: _____

Do you currently have a long-term care insurance policy? Yes No

HEALTH

Have you used tobacco within the past 2 years? Applicant A: Yes No

Applicant B: Yes No

List medical conditions treated in the last 5 years and surgery performed or scheduled in last 5 years.

| Applicant A or B | Medication | Condition | Diagnosis and/or Treatment Dates | Comments |
|------------------|------------|-----------|----------------------------------|----------|
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Is there a family history of Cognitive Impairment (i.e. Alzheimer's, dementia, etc.) or cancer?

Applicant A: Yes No Applicant B: Yes No

Have you suffered a stroke or been diagnosed with diabetes?

Applicant A: Yes No Applicant B: Yes No

Is there longevity in your family? _____

FINANCIAL INFORMATION

Do you currently receive Social Security Income?

Applicant A: Yes No Applicant B: Yes No

If so, what is the monthly amount? Applicant A: \$_____ Applicant B: \$_____

Do you currently receive income from a pension?

Applicant A: Yes No Applicant B: Yes No

If so, what is the monthly amount? Applicant A: \$_____ Applicant B: \$_____

LONG-TERM CARE INSURANCE QUOTE REQUEST (Continued)

LONG-TERM CARE INSURANCE PLAN

Are you interested in Nursing Home Care?

Applicant A: Yes No Applicant B: Yes No

Are you interested in Assisted Living Facility Care?

Applicant A: Yes No Applicant B: Yes No

Are you interested in Home Health Care or Adult Day Care?

Applicant A: Yes No Applicant B: Yes No

Additional Comments: _____

Once completed, please return this form to:

Krause Financial Services, Inc.
Dale M. Krause, J.D., LL.M.

1234 Enterprise Drive | De Pere, WI 54115

Phone: (866) 605-7437 | Facsimile: (866) 605-7438

Or make a quote request online at www.medicaidannuity.com