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? O Yes O No

HEALTH

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

Applicant B: O Yes O No

List medical conditions treated in the last 5 years and surgery performed or scheduled in last 5 years. If you require more space to write, please utilize the Additional Comments section on page two.

Applicant A or B	Medication	Condition	Diagnosis and/or Treatment Dates	Comments

Is there a family history of Cognitive Impairment (i.e. Alzheimer's, dementia, etc.) or cancer?

Applicant A: O Yes O No Applicant B: O Yes O No

Have you suffered a stroke or been diagnosed with diabetes?

Applicant A: O Yes O No Applicant B: O Yes O No

Is there longevity in your family?

Applicant A: O Yes O No Applicant B: O Yes O No

FINANCIAL INFORMATION

What is your household income? $_____

What is your household net worth? $_____

What is your monthly premium tolerance? $_____

LONG-TERM CARE INSURANCE PLAN

Are you interested in Nursing Home Care? O Yes O No

Are you interested in Assisted Living Facility Care? O Yes O No

Are you interested in Home Health Care or Adult Day Care? O Yes O No

Do you prefer continued premium payments or a single premium payment?

O Continued O Single O No Preference

Additional Comments: _____

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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