

Agent Name: Steve Shorr **Lic. #** 0596610 **Email:** steveshorr@cox.net

Telephone: (310) 519-1335 **Fax:** 310-519-1359

Address: 1027 W. 11th Street # 3, San Pedro, CA 90731-3558

Marketing Rep: Paniz Raeisi **Date:** _____

CLIENT #1			CLIENT #2		
NAME:			NAME:		
DATE OF BIRTH:			DATE OF BIRTH:		
HEIGHT:	WEIGHT:		HEIGHT:	WEIGHT:	
ANNUAL HOUSEHOLD INCOME (Important!): <u> </u> Under \$50K <u> </u> \$50 - \$100K <u> </u> \$100K Plus					
SIGNIFICANT MEDICAL HISTORY & MEDICATIONS (Dates & Dosages)			SIGNIFICANT MEDICAL HISTORY & MEDICATIONS (Dates & Dosages)		
CANE, WALKER OR WHEELCHAIR? Yes <u> </u> No <u> </u>			CANE, WALKER OR WHEELCHAIR? Yes <u> </u> No <u> </u>		
Tobacco Use Last 12 months? Yes <u> </u> No <u> </u>			Tobacco Use Last 12 months? Yes <u> </u> No <u> </u>		
INDICATE IF YOU HAVE BEEN MEDICALLY DIAGNOSED OR TREATED FOR ANY OF THE CONDITIONS BELOW:			INDICATE IF YOU HAVE BEEN MEDICALLY DIAGNOSED OR TREATED FOR ANY OF THE CONDITIONS BELOW:		
Abnormal Blood Pressure	Yes	No	Abnormal Blood Pressure	Yes	No
Diabetes	Yes	No	Diabetes	Yes	No
Heart or Circulatory Disorder	Yes	No	Heart or Circulatory Disorder	Yes	No
Cancer	Yes	No	Cancer	Yes	No
Respiratory Disorder	Yes	No	Respiratory Disorder	Yes	No
Stroke or TIA	Yes	No	Stroke or TIA	Yes	No
Falling or Unstable Gait	Yes	No	Falling or Unstable Gait	Yes	No
Dizziness or Fainting	Yes	No	Dizziness or Fainting	Yes	No
Confusion or Memory Loss	Yes	No	Confusion or Memory Loss	Yes	No
Weakness or Fatigue	Yes	No	Weakness or Fatigue	Yes	No
Bladder or Bowel Control	Yes	No	Bladder or Bowel Control	Yes	No
Neurological Disorder	Yes	No	Neurological Disorder	Yes	No
Receiving physical therapy	Yes	No	Receiving physical therapy	Yes	No
Scheduled treatment or surgery	Yes	No	Scheduled treatment or surgery	Yes	No
Depression/anxiety	Yes	No	Depression/anxiety	Yes	No

REQUESTED BENEFIT DESIGN:

Daily Benefit Amount: \$ _____ <i>Average Costs In California \$200/day</i>	State of Residence (Other Than California)
Elimination Period: <i>Shorter Is Better</i> 0 day <u> </u> 30 days <u> </u> 90 days <u> </u>	Inflation Protection: GPO <u> </u> 5% Simple <u> </u> 5% Compound <u> </u>
Benefit Period: # of years: <u> </u> Lifetime <u> </u>	Traditional LTCi <u> </u> California Partnership <u> </u>
Carrier Preference:	Payment Options: Annual Pay <u> </u> 10-Pay <u> </u> Paid-Up at 65 <u> </u>
Affinity Discounts:	