

Insurance Designers/Gorham Insurance
Long Term Care Proposal Request Form

Agent Name _____	Date Needed _____
Phone # _____	<input type="checkbox"/> Fax # _____
Agent License # _____	<input type="checkbox"/> Email _____

Choice of Carriers: _____

Client Name _____	DOB _____
State of Residence _____	
Benefit Amount _____	
Benefit Duration _____	
Elimination Period _____	
Inflation _____	
Discounts _____	

Spouse Name _____	DOB _____
State of Residence _____	
Benefit Amount _____	
Benefit Duration _____	
Elimination Period _____	
Inflation _____	
Discounts _____	

Special Considerations:	
Size of estate, income, or premium limit _____	
Medications _____	Medications Spouse _____
_____	_____
_____	_____
_____	_____
Serious illness, accident or hospitalization in last five years?	

FAX requests to 949-724-1245 Attn: Melody Weaver Email: gorham@pacbell.net
Quotes will be completed within 24 hours. All quotes will be based on standard health.