

Long-Term Care Insurance Application

Personal Information

First Name

Last Name

Date of Birth

Gender

Address

Phone Number

Email

Coverage Details

Desired Coverage Amount

Benefit Period (years)

Waiting Period (days)

Inflation Protection

Health Information

Describe your current health status and medical history

Primary Physician Name

Physician Phone

List of Current Medications

Additional Information

Do you have other long-term care coverage?

Additional Notes