



**SCHNEIDER & SHULMAN ASSOCIATES**  
LONG TERM CARE INSURANCE SOLUTIONS

**Long Term Care Illustration Request** Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Office: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male Female Smoker? Y N

Partner Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male Female Smoker? Y N

Marital Status: \_\_\_\_\_ **NOTE: IT IS IMPORTANT TO INDICATE  
MARITAL STATUS, EVEN IF SPOUSE IS NOT APPLYING FOR COVERAGE.**

Would you consider them average height/weight? \_\_\_\_\_

Do you know of any medical issues? \_\_\_\_\_

\_\_\_\_\_

State of Residence: \_\_\_\_\_

\_\_\_\_\_

Any other special requests or considerations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email to [riva@ssltc.com](mailto:riva@ssltc.com) Call 516 870 0800 Toll free 877 843 9582 Fax 516 870 0801

