

Joe Baselice Agency
5355 W Chandler Blvd #8
Chandler AZ 85226
480-940-0909

Long Term Care Quote Request

Applicant Name: _____

Spouse Name: _____

Applicant Date of Birth: ___/___/___

Spouse Date of Birth: ___/___/___

Gender: ____ (Male) ____ (Female)

Gender: ____ (Male) ____ (Female)

Height: _____ Weight: _____

Height: _____ Weight: _____

Marital Status:

____ (Married) ____ (Single) ____ (Significant Other)

Marital Status:

____ (Married) ____ (Single) ____ (Significant Other)

Will Spouse/Partner be applying for LTC:

YES: ____ NO: ____

Mark Preference of Communication []

Mark Preference of Communication []

Day Phone: _____ []

Day Phone: _____ []

Cell Phone: _____ []

Cell Phone: _____ []

Email: _____ []

Email: _____ []

Is there any current long term care policy inforce:

YES ____ NO ____

Is there any current long term care policy inforce:

YES ____ NO ____

Have you smoked in the last 12 months?

YES ____ NO ____

Have you smoked in the last 12 months?

YES ____ NO ____

Please List ALL Current Prescription Medications:

<u>Medication</u>	<u>Person Taking</u>	<u>Dosage(x/day)</u>	<u>Reason for Taking</u>
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Please fax to 480-940-8107