

# LTCI Pre-Qualification--Multi-Life Case

1. Name of Company \_\_\_\_\_
2. Proposed implementation date \_\_\_\_\_
3. Description / type of industry \_\_\_\_\_
4. # of employees \_\_\_\_\_ # to be considered for coverage \_\_\_\_\_
5. Average income of employees \_\_\_\_\_ Average age of employees \_\_\_\_\_
6. In what state(s) will coverage be offered? \_\_\_\_\_
7. Have other offers been made for LTCI?  Yes  No

Carrier	Offer

8. Is the employer willing to contribute to premium?  Yes  No  Possibly  
For all employees or defined class? \_\_\_\_\_
9. Does this company have an existing LTCI benefit?  Yes  No
  - a. If yes, why is new coverage being considered? \_\_\_\_\_
  - b. What is the current plan design?
    1. Daily Benefit \_\_\_\_\_
    2. Benefit Period \_\_\_\_\_
    3. Elimination Period \_\_\_\_\_
    4. Individual policies or group certificates? \_\_\_\_\_
10. **Do not submit** this case unless the following requirements are met:
  - o Management is supportive and will endorse this as a valuable benefit to employees
  - o If offered as a voluntary benefit:
    - Management will allow access to employees for marketing, education and enrollment
    - Enrollment will be a stand-alone offering and not in conjunction with other benefits
    - Other voluntary benefits have been offered successfully at this company (please list)
      - Benefit \_\_\_\_\_ Participation % \_\_\_\_\_
      - Benefit \_\_\_\_\_ Participation % \_\_\_\_\_
      - Benefit \_\_\_\_\_ Participation % \_\_\_\_\_

Broker Name (please print) \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Date \_\_\_\_\_

**Step 1:**      **Submit form to LifeStyle Insurance Services, Inc.**  
                  **FAX: 949- 493-8366    Email: [pbones@lifestyleinsurance.com](mailto:pbones@lifestyleinsurance.com)**

**Step 2:**      **Call Lifestyle to schedule a conference call:**  
                  **800-493-2056, ext. 23**