

## LTC Requests

## DI Requests

Completed illustration/quote request forms can be submitted to iTrust Advisors via email ([itrustadvisors@itrustllc.com](mailto:itrustadvisors@itrustllc.com)) or fax (877-326-2477), or feel free to call us and discuss at 315-373-0500.

<b>Agent Name:</b>	
<b>Client Name, Married/Single:</b>	
<b>Date of Birth / Age:</b>	
<b>State of Sale:</b>	
<b>Health Class:</b> <i>(Pref. Best, Pref, Standard Non-Tobacco, Tobacco, Etc.)</i>	
<b>Monthly (or Daily) Benefit:</b>	
<b>Benefit Duration:</b> <i>(ex. 5 Years)</i>	
<b>Elimination Period:</b> <i>(ex. 90 days, 180 days, etc)</i>	
<b>Inflation Protection:</b> <i>(ex. 3%-5% Simple, 3%-5% Compound)</i>	
<b>Premium Mode:</b>	

<b>Agent Name:</b>	
<b>Client Name:</b>	
<b>Date of Birth / Age:</b>	
<b>State of Sale:</b>	
<b>Occupation:</b>	
<b>Annual Income:</b>	
<b>Duration:</b> <i>(ex. 5 Year, To Age 65, etc.)</i>	
<b>Elimination Period:</b>	
<b>Any Current Coverage?</b>	
<b>Premium Mode:</b>	