

Phone (913) 904-1020
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6300 W. 143rd St STE 120
Overland Park, KS 66223



LONG TERM CARE INSURANCE (LTCi) CONFIDENTIAL FACT FINDER

Date _____ How Did You Hear About Us? _____

Name of Insured _____ Resident State _____ DOB _____ Marital Status: S M D W

Phone # _____ Email _____

Tobacco Usage? Y N Type and Regularity: _____

Height: ____' ____" Weight _____ lbs

Spouse Name _____ DOB _____ Coverage Also Desired for Spouse? Y N

Spouse Phone # _____ Email _____

Tobacco Usage? Y N Type and Regularity: _____

Height ____' ____" Weight _____ lbs (If Coverage desired for Spouse)

Tell Us Why You are Out Shopping for LTCi and What Goals You Have:

% of Long-term care costs you wish to insure _____% or Monthly Benefit Amount \$ _____

or Total Benefit Amount \$ _____ Wish to Share policy with Spouse? Y N

Financials

Adjusted Net Worth (Assets- Liabilities not including primary home): \$ _____

Declarable Income Current \$ _____/yr Declarable Income Proj at time of Care \$ _____/yr

Do you currently have a LTCi policy? Y N If yes: Benefit Amount \$ _____ Annual Premium \$ _____

Do You Currently Have:

Traditional 401(k) (Value) _____ Qualified Annuity (Value) _____

Traditional IRA (Value) _____ LTCi through work (Value) _____ Irrevocable Life Ins Trust? Y N

Goals and features (Check all that apply):

Preserving Assets Preserving Income Avoiding Medicaid State Partnership Program for Medicaid Eligibility

Taking Burden off Family Members Just in Case Qualifying for good rates while healthy

In- Home Care Adult Daycare Skilled Nursing Facility Assisted Living Minor Custodial/Companion Care

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Family

Do you live with anyone? Y N Do you have children that live relatively close to you? Y N

Is there anyone who has expressed willingness to care for you? Y N Do you have any pets Y N

Notes: _____

Medical

Primary Insured:

Family History of Cancer, Heart Disease, Stroke, Diabetes, Parkinson’s Disease, Dementia or Alzheimers Prior to age 65? Y N

If yes, describe who, and note age of death or age if still living

Currently taking any medications? Y N

If Yes, list name, dosage, frequency, reason and if condition is under stable control: _____

List any Surgeries in past 5 years:

Spouse:

Family History of Cancer, Heart Disease, Stroke, Diabetes, Parkinson’s Disease, Dementia or Alzheimers Prior to age 65? Y N

If yes, describe who, and note age of death or age if still living

Currently taking any medications? Y N

If Yes, list name, dosage, frequency, reason and if condition is under stable control: _____

List any Surgeries in past 5 years:

