



Oberlin Marketing

Supporting the direction of your business

6417 Georgetown N Blvd, Fort Wayne, IN 46815
800.486.9739 ♦ 260.492.2711 (fax) ♦ www.oberlinmarketing.com

OM Long-Term Care Proposal Request Form

Date: _____

Agent Name: _____ Agency Fax #: _____

Agent E-mail: _____ Agent Phone #: _____

Premium Duration () Single Pay
() 5 Pay
() 10 Pay
() Lifetime Pay

Benefit Period () 2 years
() 3 years
() 4 years
() 6 years
() Lifetime

Inflation Protection () Yes () No

Desired monthly LTC Benefit _____
OR
Desired Premium Amount _____

Medical History

Hospitalizations in the Past 10 Years

(1) Dates: ____/____/____ to Dates: ____/____/____

Cause: _____ Result: _____

(2) Dates: ____/____/____ to Dates: ____/____/____

Cause: _____ Result: _____

Medications Currently Taken

Medication: _____ Taken for: _____ Dosage: ____ x/Day: ____ Date Prescribed: _____

Medication: _____ Taken for: _____ Dosage: ____ x/Day: ____ Date Prescribed: _____

Medication: _____ Taken for: _____ Dosage: ____ x/Day: ____ Date Prescribed: _____

Medication: _____ Taken for: _____ Dosage: ____ x/Day: ____ Date Prescribed: _____

Medical Conditions Treated in the Past 10 Years

Condition: _____ Date: ____/____/____

Treatment: _____ Start Date: ____/____/____ End Date: ____/____/____

Condition: _____ Date: ____/____/____

Treatment: _____ Start Date: ____/____/____ End Date: ____/____/____

Additional Information:

Fax to Oberlin Marketing Group: (260) 492-2711. If you have questions, please call our office at (800) 486-9739 or (260) 486-9739. We appreciate your business.