

# We Can Help You Close Difficult LTC Sales! Was Your Client Declined? Let GOLDENCARE USA Get You Another Quote!

SIMPLY PRINT THIS PAGE AND COMPLETE THE FOLLOWING INFORMATION

YOUR CLIENT'S NAME \_\_\_\_\_ STATE \_\_\_\_\_  
(For privacy purposes, please use your client's first name and first initial of last name only)

YOUR CLIENT'S DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

WHY WAS YOUR CLIENT DECLINED? \_\_\_\_\_

DOES YOUR CLIENT HAVE ANY OTHER SIGNIFICANT HEALTH CONDITIONS? \_\_\_\_\_

WHAT MEDICATIONS DOES YOUR CLIENT TAKE? \_\_\_\_\_

WHAT TYPE OF COVERAGE DOES YOUR CLIENT WANT: \_\_\_\_\_ NURSING HOME ONLY \_\_\_\_\_ COMPREHENSIVE

WHAT WAS THE ANNUAL PREMIUM FOR THE DECLINED COVERAGE? \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT # \_\_\_\_\_

AGENT PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

Please fax this completed form to GOLDENCARE USA at

**866-863-8608**

or call

1-800-842-7799

We're here to assist you!