

# Group LTC Lead Sheet

Date: **02/07/2009**

TSR Name: **Chuck**

TSR ID: **NOP**

Spoke To: **Christopher Hamilton**

Position: **Partner**

Business Name: **Your Space Storage**

Address: **2009 Salmon Drive**

City: **Annapolis**

State: **MD**

Zip Code: **21412**

Phone Number: **(410)286-6280**

Ext:

1) Present Insurer: (If none, go to # 3) **Genworth**

Has a Group LTC Plan: **Yes**

The Elimination Period is: **Longer than 90 Days**

The Benefit Period is: **4 to 6 Years**

The Policies have Inflation Protection: **Unsure**

2) Duration of Company LTC Policy: **3 years**

3) Number of Employees **32 total**

4) Who is (or would be) covered by LTC Insurance: **about 10 people - see notes**

5) For Companies without a LTC Plan:

They know the average length of stay for LTC nursing home patients is 2 1/2 years:

They know 60% of people will need LTC sometime during their lifetime:

The Company: Offers Group Health Insurance:

Offers Supplemental Benefits:

6) Wants: LTC Group Quote: **No**

LTC Comparison Quote: **Yes**

7) Contact Person's Gender: **Male**

8) The local insurance agent, **Adam Mueller** has permission to call.

The best time to call is: **Between 9:00 and 11:00 mornings**

Special Notes: **Christopher said that about 10 people are currently covered in the company with another 6 family members who do not work there. He is willing to hear comparison quotes from you to see if you have better plans which will benefit them. He is very easy to talk with.**

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