

Form of Proposal

17.0 Long Term Care Policy

Date: _____

Policy Term: July 1, 2018 to June 30, 2019

17.0 Long Term Care Policy

The coverage applies to long term care for one (1) KCTCS personnel.

Annual Premium \$ _____

Name of Insurance Agency

Name of Insurer

Signature

Date

Title

Telephone

Fax