

# Linked benefit quote request form



Please print legibly, failure to do so may result in incorrect or delayed quote delivery.

Date: \_\_\_\_\_

## Agent Information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Agent license number (mandatory for FL and CA producers): \_\_\_\_\_

Company name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Email: \_\_\_\_\_

## Client Information

Name: \_\_\_\_\_  Male  Female

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Smoker:  Yes  No

Marital status: \_\_\_\_\_ Is client's spouse applying?  Yes  No

*Discounts may apply even if spouse is not applying.*

If spouse is applying, please provide the following information:

Spouse's name: \_\_\_\_\_  Male  Female

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Smoker:  Yes  No

Client's resident state: \_\_\_\_\_ State where application will be signed: \_\_\_\_\_

*If an application is signed in a state other than the client's resident state, a valid reason must be included.* \_\_\_\_\_

## Policy options

Hybrid policy type:  Life  Annuity  Both

Premium deposit: \_\_\_\_\_

Nursing home monthly benefit: \$ \_\_\_\_\_

Premium:  Qualified  Non-qualified 1035 Exchange:  Yes  No

Benefit period: \_\_\_\_\_ Years

Inflation protection option:  Yes  No If yes, what inflation rate is desired? \_\_\_\_\_ %

Payment period:  Single pay  Flex pay \_\_\_\_\_ # of years  Life pay

I would like CBS to design a plan.

I would like CBS to call me to discuss available long term care insurance options.

Special Notes: \_\_\_\_\_

Note: CBS will only quote a standard rate unless a completed [Medical History Form](#) is provided along with this Quote Request Form.



If you have additional questions, please contact CBS Brokerage at 763.450.1870.



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