

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 LWT to design a plan.

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

Special Notes: _____

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



Please send this completed Quote Request Form in an encrypted email to ltcsales@lwtsolutioncenter.com. If you have additional questions, please contact LWT LTC Solution Center Sales Desk at 800.998.3382, option 2, option 3.

LWT

Leisure Werden & Terry

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