

Long term care insurance 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

Carriers you would like quoted: _____
Target premium/desired premium range: _____
Nursing home monthly benefit: \$ _____ Nursing home benefit duration: _____ Yrs. (1, 2, 3, 4, 5, 6, lifetime)
Home health care coverage: 50% 75 - 80% 100%
Elimination period: _____ Days
Inflation protection option: Compound _____% None
Riders: Shared care Waiver of elimination period for home care Survivorship
 Joint waiver of premium Nonforfeiture

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

Special Notes: _____

Please note: CBS Brokerage 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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