Long Term Care Insurance Quote Request Form

Please print legibly, failure to do so may result i	n incorrect or delayed quo	te delivery. Date:			
AGENT INFORMATION					
Name:					
Agent License Number (mandatory f Company Name: Email:		Affiliation:			
CLIENT INFORMATION					
Name: Date of Birth: Marital Status:	Age:		_Smoker: ing?	□ Yes	□ Female□ No□ No
If spouse is applying, please provide Spouse's Name: Date of Birth: Client's Resident State:	Age:_		_ Smoker:		□ No
POLICY OPTIONS					
Carriers You Would Like Quoted: Target Premium/Desired Premium Ra Nursing Home Monthly Benefit: \$ Home Health Care Coverage:	nge: % 75 - 8 npound% Waiver of Elimina	Nursing Home Benef 30% □ 100% □ None tion Period for Home Cal	it Duratior	:	Yrs. (1,2,3,4,5,6, lifetime)
\Box I would like McGill to call me to d	iscuss available long	term care insurance opt	ions.		

Special Notes:

Please note: McGill 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 McGill Brokerage at

800.279.0751

info@mcgillbrokerage.com



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