

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 Tellus to call me to discuss available long term care insurance options.

Special Notes: _____

Please note: Tellus will only quote a standard rate unless a completed Medical History Form is provided along with this Quote Request Form. Applications and brochures can be downloaded from the Tellus website—select LTC, then Forms.



Please send this completed Quote Request Form in an encrypted email to tcillustrations@tellusbrokerage.com and contact the Tellus LTC Solution Center Sales Desk at 800.883.8744, opt 3, opt 4 for more information.



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