

Quote Request

Complete and Return by Fax

Agent Name	License Number	Date Needed
Phone Number	Email	

Carrier Preference <input type="checkbox"/> Assurity <input type="checkbox"/> John Hancock Partnership <input type="checkbox"/> Mutual of Omaha <input type="checkbox"/> Genworth <input type="checkbox"/> MedAmerica <input type="checkbox"/> Prudential <input type="checkbox"/> Genworth Partnership <input type="checkbox"/> MetLife <input type="checkbox"/> John Hancock <input type="checkbox"/> MetLife Partnership			
Client Name	State of Residence	Spouse / Partner Name	State of Residence
Date of Birth	Marital Status (circle) S M Domestic Partner	Height / Weight	Date of Birth
Serious illness, accident or hospitalization in last 10 years		Serious illness, accident or hospitalization in last 10 years	
Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No		Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medications _____		Medications _____	
Plan Design <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> FACILITY ONLY Benefit Amount \$ _____ <input type="checkbox"/> Daily <input type="checkbox"/> Monthly Benefit Duration _____ YEARS <input type="checkbox"/> LIFETIME Elimination Period _____ DAYS Inflation <input type="checkbox"/> 5% COMPOUND <input type="checkbox"/> 5% SIMPLE <input type="checkbox"/> NONE Riders <input type="checkbox"/> SHARED CARE <input type="checkbox"/> RETURN OF PREMIUM <input type="checkbox"/> INDEMNITY <input type="checkbox"/> RESTORATION OF BENEFITS _____ _____		Plan Design <input type="checkbox"/> Same as Client <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> FACILITY ONLY Benefit Amount \$ _____ <input type="checkbox"/> Daily <input type="checkbox"/> Monthly Benefit Duration _____ YEARS <input type="checkbox"/> LIFETIME Elimination Period _____ DAYS Inflation <input type="checkbox"/> 5% COMPOUND <input type="checkbox"/> 5% SIMPLE <input type="checkbox"/> NONE Riders <input type="checkbox"/> SHARED CARE <input type="checkbox"/> RETURN OF PREMIUM <input type="checkbox"/> INDEMNITY <input type="checkbox"/> RESTORATION OF BENEFITS _____ _____	
Limited Pay Options <input type="checkbox"/> 10 PAY <input type="checkbox"/> PAID AT 65		Limited Pay Options <input type="checkbox"/> 10 PAY <input type="checkbox"/> PAID AT 65	