**QUOTE REQUEST FORM: PLEASE FAX TO EXECUTIVE BROKERAGE SERVICES**
**For Long Term Care Insurance Proposals**

Date: _____ Need by Date: _____ Faxed/Mailed/Both/E-mailed – SEND BROCHURES & APPS

Agent Name: _____ DOB: _____

Address:_____

Phone: _____Fax: _____ Resident State: _____

E-Mail Address: _____ Soc. Sec. # _____

## Please circle carrier(s) requested (Maximum of 2):

**John Hancock** ( Custom II/Enhanced – Leading Edge ) **Metlife VIP 2** ( Value, Ideal)
**Genworth** ( Privileged Choice, Classic Select) **MedAmerica** ( Simplicity ii) **Great American** (Flexible Benefit)

**Riders:** Waiver of HHC Elimination, Restoration of Benefits, Survivorship, Return of Premium, Shared Care, Cash Benefits, Indemnity, Non-Forfeiture

Clients Name: _____

DOB: _____ State: _____
HGT: _____ WGT: _____
**Married:** YES NO

**Tobacco Use within Last 5 Years:** YES NO

**Choose Plan Design:**

Daily/Monthly Benefit: _____

Elimination Period: 20 30 45 50 60 90
100 180

Benefit Period: 2, 3, 4, 5, 6, 7, 10, LIFE

Inflation Increase: 5%S, 5%C, CPI, GPO NONE

Home Health Care Percentage: 50, 75, 80, 100

**MEDICAL CONDITIONS/MEDICATIONS:**

_____

_____

_____

_____

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**MEDICAL CONDITIONS/MEDICATIONS:**

_____

_____

_____

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EXECUTIVE BROKERAGE SERVICES
Administrative Support by Mowery Associates, Inc.
PHONE: 1-800-382-1352 FAX: 717-761-5029