

**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: \_\_\_\_\_

Clients Name: \_\_\_\_\_

DOB: \_\_\_\_\_ State: \_\_\_\_\_

DOB: \_\_\_\_\_ State: \_\_\_\_\_

HGT: \_\_\_\_\_ WGT: \_\_\_\_\_

HGT: \_\_\_\_\_ WGT: \_\_\_\_\_

**Married:**      YES      NO

**Married:**      YES      NO

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

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

**Choose Plan Design:**

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Daily/Monthly Benefit: \_\_\_\_\_

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Elimination Period: 20 30 45 50 60 90  
100 180

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100 180

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

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

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

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

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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

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