

## Long-Term Care Quote Request

Producer Name		Phone Number	
Firm		Fax Number	
Email Address		Quote needed by	/ /
Street, City, State, Zip		Quote needs to be	<input type="checkbox"/> Faxed <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed

### Client Information

☐ Please check box if married, but spouse is not applying for coverage.

Client				Spouse		
Client Name						
Date of Birth		Gender			Gender	
State of Residence						
Risk Class – will assume standard if not indicated	<input type="checkbox"/> Preferred <input type="checkbox"/> Standard (not available with all carriers)			<input type="checkbox"/> Preferred <input type="checkbox"/> Standard (not available with all carriers)		
	<input type="checkbox"/> Nonsmoker <input type="checkbox"/> Smoker			<input type="checkbox"/> Nonsmoker <input type="checkbox"/> Smoker		
Prescriptions and Dosage						
Medical Conditions or recent hospitalization <i>If yes, please list details</i>						

Client(s) annual premium budget: \$ \_\_\_\_\_ Date quote is being presented to client: \_\_\_\_\_

### Plan Design

*(Please note average daily cost of **private** nursing home for 2016: Alaska \$816; Arizona \$255; California \$307; Hawaii \$387; Idaho \$244; Montana \$228; New Mexico \$238; Oregon \$294; Texas \$195; Utah \$210; Washington \$295)*

	Client				Spouse			
Daily or Monthly Benefit Amount	\$				\$			
Waiting Period*	<input type="checkbox"/> 30 day <input type="checkbox"/> 100 day	<input type="checkbox"/> 60 day <input type="checkbox"/> 180 day	<input type="checkbox"/> 90 day <input type="checkbox"/> 365 day		<input type="checkbox"/> 30 day <input type="checkbox"/> 100 day	<input type="checkbox"/> 60 day <input type="checkbox"/> 180 day	<input type="checkbox"/> 90 day <input type="checkbox"/> 365 day	
Benefit Period*	<input type="checkbox"/> 2 year <input type="checkbox"/> 5 year <input type="checkbox"/> Longest available	<input type="checkbox"/> 3 year <input type="checkbox"/> 6 year	<input type="checkbox"/> 4 year		<input type="checkbox"/> 2 year <input type="checkbox"/> 5 year <input type="checkbox"/> Longest available	<input type="checkbox"/> 3 year <input type="checkbox"/> 6 year	<input type="checkbox"/> 4 year	
Inflation Protection	<input type="checkbox"/> 3% Compound <input type="checkbox"/> 5% Compound <input type="checkbox"/> None				Zero Day Elimination Period for Home Care			
Shared Care Option	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			

\*Exact waiting period and benefit period varies by carrier

Quote Received

Email all Quotes to:  
**illustrations@mbwinsurance.com**