

# 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: Nancy Pyzel Telephone: 408-244-2448 Ext.: \_\_\_\_\_  
Agent License Number (mandatory for FL and CA producers): 0E71106  
Company Name: Lincoln Financial Advisors Affiliation: \_\_\_\_\_  
Email: Nancy.Pyzel@LFQ.com

## 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 Crump to call me to discuss available long term care insurance options.

Special Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note: Crump 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 Crump website—select LTC, then Forms.

Please send this completed Quote Request Form in an encrypted email to [lrcquotes2@crump.com](mailto:lrcquotes2@crump.com) or fax to 800.394.3297. If you have additional questions, please contact the Crump LTC Solution Center Sales Desk at

800.678.4582, opt 3, opt 3

[lrcquotes2@crump.com](mailto:lrcquotes2@crump.com)



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