

Linked Benefit Quote Request Form



Please print legibly, failure to do so may result in incorrect or delayed quote delivery.

Date: _____

AGENT INFORMATION

Name: _____ Telephone: _____ Ext.: _____

Agent License Number (mandatory for FL and CA producers): _____

Company Name: _____ Affiliation: _____

Email: _____

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

Hybrid Policy Type: _____

Premium Deposit: _____

Nursing Home Monthly Benefit: \$ _____

Premium: Qualified Non-Qualified 1035 Exchange: Yes No

Benefit Period: _____ Yrs.

Inflation Protection Option: Yes No If yes, what inflation rate is desired?:

Payment Period: Single Pay Flex Pay _____ # of years Life Pay (OneAmerica)

I would like CBS to design a plan.

I would like CBS to call me to discuss available long term care insurance options.

Special Notes:

Please note: CBS will only quote a standard rate unless a completed Medical History Form is provided along with this Quote Request Form.

If you have additional questions, please contact CBS Brokerage at 763.450.1870.



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