MERIT FASTQUOTE

LONG TERM CARE INSURANCE

For any questions please call
860-233-3626 or 800-477-8546

FAX To: 860-233-8547
ATTENTION:_____

Agent Information
I need this by _____,(date/time) ☐ Mail ☐EMail ☐Fax

Agent Name	
Agency	
Address	
Email:	
Telephone#	

Partnership Certified: Yes_____ No _____

Client Information ***Company Requested _____ or Spreadsheet__***

	CLIENT	SPOUSE
Applicant Name		
Date of Birth (or age last birthday)		
State of Issue		
Preferred Risk	Yes No Tobacco Use Y/N If no, please explain briefly below	Yes No Tobacco Use Y/N If no, please explain briefly below
Health Condition(s)		
Daily Benefit ($50-$300)		
Home Care Percentage	0% 50% 75/80% 100%	0% 50% 75/80% 100%
Elimination Period	30 days 60 days 90days	30 days 60 days 90days
Benefit Period	2 yrs 3 yrs 5/6 yrs Lifetime	2 yrs 3 yrs 5/6 yrs Lifetime
Inflation	CPI 5%Simple 5%Compound	CPI 5%Simple 5%Compound
Projected Assets of Client(s) (not including house)		
Annual Income		
Premium Budget		
Employment Status:	Retired Self-Employed Employee	Retired Self-Employed Employee

If Client is not applying with Spouse, is Client married? Y/N (may be eligible for a partial discount)

I need applications _____ and/or licensing_____.

MERIT INSURANCE SERVICES, Inc. 639 Prospect Avenue West Hartford, CT 06105