



Fax to 866-634-5716 or seniorquotes@benefitmall.com

Client Information:

Name: _____ M or F Tobacco Use: Y or N (circle one)
DOB/Age: _____
Spouse: _____ M or F Tobacco Use: Y or N (circle one)
DOB/Age: _____ City: _____
County: _____ State: _____ Zip Code: _____
Current Plan: _____ Current Premium: _____

Please Circle the Carriers Requested:

Table with 3 columns of carrier names: Aetna, Anthem Blue Cross of California, Blue Cross Blue Shield of Texas, CIP, Forethought Life, Genworth, Gerber, GPM, Great American Life, GTL, Horizon BCBSNJ, Humana, Oxford Life, Monumental Life, Seniors Choice, Sentinel Security, Standard Life, United of Omaha, United Security Assurance, UnitedHealthCare, Woodmen of the World.

Requested Effective Date: _____
If Requesting Final Expense, Please Indicate Face Amount: _____

Please Circle Products Requested:

Table with 2 columns of product types: MA, SNP, PDP, First Diagnosis Cancer, Med Supp: _____ (Plan Type), Final Expense, Annuities, LTC, Hospital Indemnity, Other: _____

LTC Quote Request

Requested Daily Benefit: _____ Benefit Period: 1-5 or Lifetime (circle one)
Elimination Period: 20 100 180 365 (circle one)
Home Healthcare Benefit: 0% 50% 100% (circle one)
Lifetime Inflation Benefit: Y or N (circle one)
Reduced Paid Up Benefit: Y or N (circle one)
Spousal Safeguard Rider: Y or N (circle one)
Mode of Premium: A S Q M M (EFT)
Underwriting Classification (default is "Standard"): _____

If Requesting PDP:

Name of Each Medication: _____
Dosage of Each Medication: _____
Frequency of Each Medication: _____

Agent Name & Phone: _____
Agent's Email address: _____
Delivery Options: Email or Fax (circle one) Is this a Rush Quote? Y or N