MERIT FASTQUOTE

LONG TERM CARE INSURANCE

For any questions please call
1-800-477-8546 or 860- 233-3626 .

FAX To: 860-233-8547
ATTENTION:_____________

Agent Information I need this by ____________,(date/time)

☐ Mail ☐ EMail ☐Fax

Agent Name	
Agency	
Address	
Email:	
Telephone#	
Fax#	

Partnership Certified: Yes_____ No _____

Please fill out completely, circle when applicable.

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	Yes No Tobacco Use Y/N
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	3% Compound 5%Simple 5%Compound	3% Compound 5%Simple 5%Compound
Projected Assets of Client(s) (not including house)		
Annual Income		
Premium Budget		
Employment Status:		

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