

# 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: ☐ Life ☐ Annuity ☐ Both

Premium deposit: \_\_\_\_\_

Nursing home monthly benefit: \$ \_\_\_\_\_

Premium: ☐ Qualified ☐ Non-qualified 1035 Exchange: ☐ Yes ☐ No

Benefit period: \_\_\_\_\_ Years

Inflation protection option: ☐ Yes ☐ No If yes, what inflation rate is desired? \_\_\_\_\_ %

Payment period: ☐ Single pay ☐ Flex pay \_\_\_\_\_ # of years ☐ Life pay

☐ I would like Crump to design a plan.

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

Special Notes: \_\_\_\_\_

*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 on [Crump.com](#)—select LTC, then Forms.

Please send this completed Quote Request Form in an encrypted email to [lrcquotes2@crump.com](mailto:lrcquotes2@crump.com).

For more information, please contact the Crump LTC Solution Center Sales Desk at 800.678.4582, option 4.