QUOTE REQUEST TRANSMITTAL – INTERNAL USE ONLY

CLIENT IDENTIFICATION

Client Name:	SENT TO: ☐ CBS DATE:	Advisor Name:

☐ LIFE ☐ Trad LTC ☐ Hybrid LTC ☐ D.I.
(COMPLETE RELEVANT SECTION BELOW)

☐ INDIVIDUAL ☐ TRUST ☐ BUSINESS ☐OTHER:
_____

LIFE INSURANCE

Term ☐10 ☐15 ☐20 ☐25 ☐30 ☐GUL
Compare Terms _____, _____, _____

Rating Class to Illustrate:
☐ USE ASSESSMENT TOOL/SHOP (attach TPF Insurance Assessment)
☐ PFD+ ☐ PFD ☐ STD+ ☐ STD ☐ TABLE_____

Plan Design:
☐ **PRICE DRIVEN ONLY** or ☐ BEST CONVERSION/CONV. TO AGE _____ ☐ BEST LTC ☐ R.O.P. REQ'D
☐ 1035 of $_____ (LUMP SUM FROM EXISTING INSURANCE)
☐ LIMITED PREMIUM PAY PERIOD OF _____ YEARS.

Death Benefit(s) to Illustrate:

$_____ $_____ $_____

☐ SOLVE FOR DB AMOUNT. USE PREMIUM OF APPROX. $_____ /YEAR

LONG TERM CARE

TRADITIONAL:
☐ USE DEFAULT (i.e., 90 DAY/3 YR/COMPOUND/$150 DAY), or
☐ Other: _____Day Elimination Period _____ Year Benefit Plan _____% Inflation
$_____Day Initial Benefit
☐ **PRICE DRIVEN ONLY** - keep LTC plan to premium range of $_____ Year / Month
☐ Couples Discount (if applicable)   ☐ Joint Application   ☐ Single Application
HYBRID LTC:
☐ USE BEST CARRIER/OPTION ~ or ~ ☐ USE _____CARRIER
☐ Couples Discount (if applicable)   ☐ Joint Application   ☐ Single Application
☐ Include Return of Premium (Reduced Benefit)
☐ **PLANNED PREMIUM** = $_____ Lump Sum and/or $_____Per Year X _____# of Yrs.

DISABILITY INCOME

Occupation:	Duties:	Income Avg. Last 3 Years: $_____

Notes:

CBS | BROKERAGE
OUR GOAL IS YOUR LEGACY   EST. 2008   SHAKOPEE, MINNESOTA