

Fax, mail or e-mail
completed form to:

Vern Bell
6136 Frisco Square Blvd, #400
Frisco, TX 75034
Phone: (214)203-7439
Fax: (972)798-9023
E-mail: vbell@enterprisebenefits.net



Long Term Care Insurance Quote Request

Head of Household: _____ Spouse: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Mobile Phone: _____ Fax: _____

Email: _____ Best time to call: _____ Best number to call: _____

Name of Proposed Insured(s)	Gender M/F	DOB	Tobacco Y/N

Medical Conditions

Patient Name: _____ Condition: _____ Rx Name: _____ Dosage: _____ Freq: _____

Patient Name: _____ Condition: _____ Rx Name: _____ Dosage: _____ Freq: _____

Description of Requested Coverage

Daily Facility Coverage Amount: \$ _____ Home Health Care % _____

Benefit Period: 3 Years _____ 5 Years _____ Lifetime _____ Other _____

Elimination Period: Zero Days _____ 30 Days _____ 60 Days _____ 90 Days _____ Other _____

Method of Payment: Annual _____ Semi-Annual _____ Quarterly _____ Monthly _____

Payment Options: 10 Year Pay _____ 20 Year Pay _____ Lifetime _____ To Age 65 _____

Inflation Coverage: None _____ 5% Simple _____ 5% Compound _____ Other _____

Return of Premium (Nonforfeiture) None _____ Shortened _____ Full _____

Other Riders: Indemnity _____ Benefit Amounts: (circle one) Monthly or Daily

If you have difficulty answering any of these questions please call or email for assistance.