



Short Term Nursing Home Quote Request

Client

Name _____
Date of Birth _____ Age _____
Non Tobacco _____ Tobacco _____
Height _____ Weight _____

Health Conditions:

Prescription Drugs:

Benefit \$ _____ **Daily**
Benefit Period: Days 90 180 270 360
Elim Period: 0 20 100

Spouse/Partner

Name _____
Date of Birth _____ Age _____
Non Tobacco _____ Tobacco _____
Height _____ Weight _____

Health Conditions:

Prescription Drugs:

Benefit \$ _____ **Daily**
Benefit Period: Days 90 180 270 360
Elim Period: 0 20 100

Agent Information

Name _____
Phone _____
FAX _____
Email _____

Would you prefer your quote returned by: FAX or Email

◆ Please note that all benefits are not available with every company ◆

For Quickest Results **FAX to Emrick Insurance Marketing Group at:**

217-833-2046

or call:

800-247-6740