



Short Term Nursing Home Quote

Client

Name _____

Benefit \$ _____ Daily

Benefit Period: Days 90 180 270 360

Elim Period: 0 20 100

Company _____

Premium \$ _____

Company _____

Premium \$ _____

Spouse/Partner

Name _____

Benefit \$ _____ Daily

Benefit Period: Days 90 180 270 360

Elim Period: 0 20 100

Company _____

Premium \$ _____

Company _____

Premium \$ _____