

# MoneyGuard Quote Request

Date: \_\_\_\_\_

Agent: \_\_\_\_\_ State: \_\_\_\_\_

Client name: \_\_\_\_\_

Male: \_\_\_\_ Female: \_\_\_\_ DOB: \_\_\_\_\_ or Age: \_\_\_\_

Smoker: \_\_\_\_\_ Non-smoker: \_\_\_\_\_

Premium Amt.: \_\_\_\_\_

## **Policy Rider**

**CCBR (Convalescent Care Benefit Rider) Benefit Option:**

2 yr level _____	3 yr level _____
2 yr simple increasing 3% _____	3 yr simple increasing 3% _____
2 yr compound increasing 3% _____	3 yr compound increasing 3% _____
2 yr compound increasing 5% _____	3 yr compound increasing 5% _____

**EOBR (Extension of Benefits Rider) Benefit Option:**

2 yr level _____	4 yr level _____
2 yr simple increasing 3% _____	4 yr simple increasing 3% _____
2 yr compound increasing 3% _____	4 yr compound increasing 3% _____
2 yr compound increasing 5% _____	4 yr compound increasing 5% _____

**CCBR and EOBR must be the same type (*level, simple or compound*)** Example: For a 6 yr minimum care expense;  
CCBR 2 yr *level*, EOBR would be 4 yr *level* = 6 Yrs  
(Note: Inflation is not allowed in CT)

Fax To  
**THE PRODUCERS FIRM**  
860-584-8462