

Long-term Care Insurance

Request For Quote



MCNISH FINANCIAL SERVICES, INC.
26622 Woodward Ave., Ste. 200 | Royal Oak, MI 48067
T: 248.544.4800 | F: 248.544.4801

Please print, complete and fax this form to McNish Financial Services at 248-544-4801. A representative will contact you with regards to the quote you are requesting within one business day of receiving your fax.

Name: _____ Date of Birth: _____

Gender: Male Female

Height: _____ Weight: _____

Marital Status: Married Divorced Widowed Single

Will your spouse be applying with you? YES NO

Daily Benefit Amount: _____ Elimination Period: _____

HEALTH CONDITIONS (prescriptions, hospitalizations, pre-existing)

Tobacco Use: No Yes (currently) Type: _____
 Yes (previously) Type: _____ When stopped: _____

Health conditions you have received treatment for in the past (include dates):

Medications taken on a regular basis (include prescribed dosage):

CONTACT INFORMATION

Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____