



## Medicare Supplement Quote Request

### **Agent Information**

1. Agent Name
2. Phone number
3. Email

### **Client Information (basic)**

1. What is your client's name?
2. What is your client's gender?
  - male
  - female
3. What is your client's resident ZIP code?
4. What is your client's date of birth?
5. What is your client's marital status?
  - Married
  - Single
  - Living with another adult who is also applying for coverage

### **Client Information (spouse- if applying for coverage)**

1. What is the spouse's name?
2. What is the spouse's gender?
  - male
  - female
3. What is the spouse's date of birth?

### **Client Information (health history)**

1. What is your client's build? Spouse's build?
  - height                      - height
  - weight                      - weight
2. Has your client used any tobacco products within the past 12 months? Spouse?
  - yes                      - yes
  - no                      - no

3. Please list any health conditions, medications, dosages and/or hospitalizations during the past 10 years:

**Client Information (current coverage)**

2. Does your client currently have a supplement to Medicare?

- yes (Medicare Supplement)
- yes (Medicare Advantage)
- yes (Group Health Plan- employer paid)
- no
- unsure

- 2. If yes, what are your client’s premiums?
- 3. What is the name of the insurance carrier?
- 4. How long has your client owned this policy?

**Additional Quote Request**

1. Would you also like to have a Life, Long Term Care or Annuity quote for this client?

- yes
- no

8. If so, what would you like to see quoted:

Other Comments:

You’re almost done! Once you have answered the required questions above, click the “Continue” link to send us your quote request.

