



MDA Insurance - 230 N. Washington Square, Ste. 304 - Lansing, MI 48933 - (800) 860-2272

**LONG-TERM CARE INSURANCE QUOTE FORM**

MDA Insurance offers a wide variety of long-term care insurance products designed to meet your needs. To receive your free, no-obligation quote, complete this form and mail it to the address above or FAX it to **517-484-5460**. If you prefer, you may contact us by phone with the following information. Call us at **800-860-2272**.

I would like to receive information by:  Mail  Phone  FAX  Personal Appt.  Email

I am a:  Student  MDA Member  Employee of MDA Member  Other

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ FAX Number: (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Have you ever used tobacco or nicotine substitutes? (if yes, please explain): \_\_\_\_\_

Is there anything significant about your health history? (if yes, please explain): \_\_\_\_\_

Do you take any medication? (please provide dosage and frequency): \_\_\_\_\_

Benefit Amount: \$\_\_\_\_\_  Daily  Monthly

Home Health Care:  100% or  \_\_\_\_\_ % (list percentage)

Benefit Period in Years:  2  3  4  5  6  7  Lifetime

Elimination Period in days:  0  30  45  60  90  100  180  365

Benefit Increase:  None  Guaranteed Purchase Option  Inflation Rider

Special Features:  Return of Premium  Indemnity Rider  Restoration of Benefits

Shared Care Rider  Non-forfeiture Rider  Shorter Payment Option

Other \_\_\_\_\_

Please include coverage for my spouse. Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Tobacco or nicotine use: \_\_\_\_\_

List any medications (please provide dosage and frequency): \_\_\_\_\_

Preferred Insurance Company: (name) \_\_\_\_\_

Comments: \_\_\_\_\_