



Request for quote

Short-term Care/ Recovery Care Insurance

Ensure the protection of your life's work and the well-being of your loved ones. A comprehensive plan for the future includes identifying potential vulnerabilities such as not having enough life and disability insurance and either short- or long-term care insurance.

1. Applicant information

Applicant A: First name	Last name	Date of birth
Applicant B: First name	Last name	Date of birth
Home address (please include city, state and ZIP)		
Phone _____ Email _____		

2. Health information

List medical conditions treated in the last 3 years and surgery performed or scheduled in last 3 years.
If you require more space to write, please utilize section 3:

APPLICANT A OR B	MEDICATION (NAME/DOSAGE)	CONDITION	DIAGNOSIS / TREATMENT DATES	COMMENTS

(continued on back...)

2. Health information *(continued from front...)*

In the last 36 months, have you been diagnosed with or treated for heart disease, kidney disease, cirrhosis, Paget's disease, lupus, connective tissue disease, or cancer?

Applicant A: No Yes Applicant B: No Yes

In the last 12 months has a medical professional recommended that you have surgery?

Applicant A: No Yes Applicant B: No Yes

In the last 12 months, has a medical professional recommended that you get treatment for alcohol or drug abuse?

Applicant A: No Yes Applicant B: No Yes

3. Additional comments

4. Recovery care insurance plan *(for initial quoting purposes only; see definitions below*)*

Please check a box in a, b and e; write in an amount in c, d and f.

a. Nursing facility benefit period in days: 90 180 270 360

b. Nursing facility benefit waiting period in days: 0 20 100

c. Daily Nursing facility benefit (\$10/day increments, max \$300/day) \$_____

d. Daily hospital indemnity benefit (\$10/day increments, max \$300/day) \$_____

e. Optional — Home care benefit period in weeks: 13 23 52

f. Optional — Home care benefit per week (\$150 increments, max \$1,200/week) \$_____

5. Recovery care policy provision definitions

Benefit

- **Daily:** Maximum amount per day the policy will pay in benefits.
- **Weekly:** Maximum amount per week the policy will pay in benefits.

Benefit Period In days or weeks

- Number of days or weeks the insured wants to receive benefits.

Elimination Period In Days

- A deductible in days rather than dollars. The number of days the insured wants to receive services before the policy starts paying benefits.

Daily Hospital Indemnity Benefit

- This benefit will pay a daily Hospital Indemnity Benefit amount for each day you are confined in a hospital.

Daily Nursing Facility Benefit Including Assisted Living and Bed Reservation

- This benefit will pay for each day of care received at a nursing facility or assisted living facility and bed reservation when all of the conditions are met.

Optional Home Care Rider

- If selected, when an insured is covered under the Home Care Rider, the insured will be paid the Home Care Weekly Benefit amount as shown on the schedule page when the insured receives three (3) home care service visits in a week of a least one (1) hour per visit in the insured's home from a home care provider.

Please return completed form to:



Recovery Care Insurance Premium Calculator

For: _____ Age: _____

BENEFIT	UNIT CHARGE	NUMBER OF UNITS	BENEFIT AMOUNT	ANNUAL PREMIUM
Daily: Nursing Facility \$10/unit (maximum 30 units) • Covered days _____ • Waiting period _____ days	\$ _____	_____	\$ _____	\$ _____
Daily: Hospital \$10/unit (minimum 1 unit, maximum 30 units)	\$ _____	_____	\$ _____	\$ _____
Weekly: Home Care (optional) \$150/unit (Maximum 8 units) • Number of covered weeks _____	\$ _____	_____	\$ _____	\$ _____
Payment Modes • Annual.....Annual x 1 • Semi- annual.....Annual x .52 • Quarterly.....Annual x .265 • Monthly.....Annual x .08333	Total Annual Premium			\$ _____

\$ _____ x _____ = \$ _____ per _____