



**United
Underwriters
Companies**

Exeter, NH Avon, CT Rockville, MD
PO Box 1103 Exeter, NH 03833
(800) 258-7296 FAX: (603) 778-7918
uui@uuinc.com www.uuinc.com

Group/Association Long Term Care Quote Request Form

Part I: General Employer Information

Information provided will be treated confidentially and will not be shared for other marketing purposes.

1. Company Name: _____
2. Type of Insuustry: _____
3. Month/Year business was established: _____
4. Company Address: _____
5. Does the employer have multiple locations? Yes No
 - a. If yes, please list: _____

Part II: Employee Census

Please provide a census that includes the following:

1. Employee Name
2. Date of Birth
3. State of Residence
4. Marital/Partner status (if available)
5. Annual salary
6. Full or part-time status

Part III: Producer information

Producer Name: _____
Address: _____ City: _____ State: __ Zip Code: _____
Producer e-mail: _____ Phone: _____ Fax: _____

Part IV: Program Requested

1. Company : _____
2. Premium
 - a. ___ 100% Employer Paid
 - b. ___ Partial Employer Paid % of premium or flat \$ amount per employee: _____
 - c. ___ Voluntary – 100% employee paid

Part IV: Benefit Selection

Available benefits vary by company, state and plan.

1. Plan I
 - a. Daily Benefit Amount: _____ or Monthly benefit Amount: _____
 - b. Elimination Period: _____
 - c. Home Health Care Percentage: _____
 - d. Benefit Period: _____
 - e. Inflation Protection: ___ Compound ___ Simple ___ None
 - f. Riders/Optional Benefits: _____

2. Plan II
 - a. Daily Benefit Amount: _____ or Monthly benefit Amount: _____
 - b. Elimination Period: _____
 - c. Home Health Care Percentage: _____
 - d. Benefit Period: _____
 - e. Inflation Protection: ___ Compound ___ Simple ___ None
 - f. Riders/Optional Benefits: _____

3. Plan III
 - a. Daily Benefit Amount: _____ or Monthly benefit Amount: _____
 - b. Elimination Period: _____
 - c. Home Health Care Percentage: _____
 - d. Benefit Period: _____
 - e. Inflation Protection: ___ Compound ___ Simple ___ None
 - f. Riders/Optional Benefits: _____