

Value Health & Life Insurance Services

Free Online Life Insurance Quote

Today's Date _____

Check here to request a quote:

Check here for a complimentary insurance review:

Name:

Phone:

Address:

Insured Name:			
Sex:		Date of Birth:	
Tobacco Use:	Nonsmoker	Smoker	
Risk Class:	Preferred	Standard	Rated
Insured Name:			
Sex:		Date of Birth:	
Tobacco Use:	Nonsmoker	Smoker	
Risk Class:	Preferred	Standard	Rated

TERM LIFE INSURANCE

Company(ies):			
Insurance Amount:	\$		
Number of Years:			

WHOLE LIFE INSURANCE

Company(ies):			
Insurance Amount (or Solve):	\$		
Premiums (or Solve):	\$		
Number of Years:	Full-Pay	Dividends Used To Reduce	
Reduced Dividends:	No	-1%	Other

UNIVERSAL LIFE INSURANCE

Company(ies):			
Insurance Amount (or Solve):	\$		
DB Option:	Level (Option 1)	Increasing (Option 2)	
Premiums (or Solve):	\$		
Number of Years, or to Age:			
Interest Rate Assumption:	Current	-1%	Other
Cash Value Target:	Endow	50%	\$100,000

VARIABLE UNIVERSAL LIFE INSURANCE

Company(ies):			
Insurance Amount:	\$	Minimum non-MEC	Solve
DB Option:	Level (Option 1)	Increasing (Option 2)	
Premiums:	\$	Maximum non-MEC	Solve
Number of Years, or to Age:			
Interest Rate Assumption:	10%	9%	8% Other
Income (or Solve):	\$		
Number of Years, or to Age:			
Cash Value Target:	Endow	50%	\$100,000

LONG-TERM CARE INSURANCE

Daily Facility-Care Benefit:	\$			
Home-Care:	100%	75%	50%	0
Elimination Period:	0	30	90	Other
Benefit Period:	Lifetime	5 years	4 years	3 years
Inflation Rider:	Compound 5%	Simple 5%		None

Further information may be needed.

Please fax your request to (805) 462-0160, or call (800) 792-5565 with your request or any questions.

You may also save a copy and email it to: [affordable @tcsn.net](mailto:affordable@tcsn.net).
To accomplish this, click the save icon from within Adobe Acrobat, save a copy and email it as an attachment to us.