the KRAUSE AGENCY

IMMEDIATE ANNUITY / PSK PLANNING QUOTE FORM

Information of individual completing this form:

Name: _____ Company: _____

Address Line 1: _____ Phone: _____

Address Line 2: _____ Facsimile: _____

City/State/Zip: _____ / Select / _____ Email: _____

ONCE COMPLETED, RETURN THIS FORM TO:

The Krause Agency
1234 Enterprise Drive, De Pere, WI 54115
Phone: (800) 255-1932 Facsimile: (805) 683-6313
info@thekrauseagency.com

Care Recipient: _____ Sex: ☐ Male ☐ Female

Care Giver: _____ Sex: ☐ Male ☐ Female

Care Recipient Date of Birth: _____ State: Select

County the Medicaid applicant will be applying for benefits: _____

Term of the Annuity: _____ Year(s), **or** _____ Month(s), **or** ☐ Medicaid Life Expectancy

Premium Amount: $_____, **or** Desired Payout: $_____

Additional Comments: _____