



## 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_

Are you, or are you completing this form on behalf of, a licensed insurance agent?  Yes  No

### RETURN COMPLETED FORM TO:

#### Krause Group

1234 Enterprise Drive, De Pere, WI 54115  
Phone: (866) 605-7437 Facsimile: (866) 605-7438  
info@krause.com

Care Recipient: \_\_\_\_\_ Sex:  Male  Female

Care Giver: \_\_\_\_\_ Sex:  Male  Female

Care Recipient Date of Birth: \_\_\_\_\_ State: \_\_\_\_\_

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:** \_\_\_\_\_

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