KRAUSE AGENCY

PRELIMINARY WORKSITE INTAKE FORM

Agent Name: _____

Phone: _____ Email: _____

Employer Name: _____

State: _____

Are employees in other states? ☐ Yes ☐ No

If yes, which states? _____

Employer Paid/Voluntary: _____ How many employees? _____

Type of Industry: _____ Type of Corporation: _____

Traditional or hybrid? ☐ Traditional ☐ Hybrid

Is this an association or worksite? ☐ Association ☐ Worksite

By completing this intake form, Krause Agency is able to determine which worksite long-term care insurance plan is available in the state requested along with participation requirements.

ONCE COMPLETED, RETURN THIS FORM TO:

Krause Agency

LTCSales@krause.com