



The Commons at Lincoln Center  
125 John Robert Thomas Drive  
Exton, PA 19341  
610.594.1999

## Annuity Quote Request - WorkComp

**Date:**

**Claimant Information:**

Scope of Quote request:

Annuity for Indemnity  
Annuity for Medical  
Annuity for Medicare Set-Aside (MSA)  
MSA Report Attached?

Rated Age / Medical Underwriting  
IME/narrative medicals attached?

Claimant Name  
Date of birth  
Current weekly compensation rate paid

Date of Loss  
Nature of Injury  
PTD  
TTD  
PPD  
Receiving SSDI?      Yes                      No

**Additional Information:**

Insured/Employer  
Claim File #

Claim Representative  
Phone  
Email

Comments:

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**Submit: via email to [quotes-huver@huver.com](mailto:quotes-huver@huver.com) OR via facsimile 610.594.1998**

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