

FAX BACK DISABILITY INCOME PROPOSAL REQUEST

BROKER INFORMATION

DATE:

BROKER NAME		PHONE
AGENCY NAME		FAX NUMBER
ADDRESS		E-MAIL ADDRESS
CITY	STATE	ZIP

PROPOSAL REQUEST

DATE REQUIRED:	EFFECTIVE DATE	
CLIENT NAME:	CITY, STATE, ZIP	
NATURE OF BUSINESS		
DOB OR AGE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON TOBACCO USER <input type="checkbox"/> TOBACCO USER	MONTHLY SALARY: \$
IF BUSINESS OWNER, HOW LONG?	PERCENTAGE OF MANUAL DUTIES? %	NET BUSINESS INCOME: \$ (IF SELF EMPLOYED)
IF BUSINESS OWNER, NUMBER OF EMPLOYEES?		IF IN SALES, INCOME FOR THE PAST 2 YEARS
IF IN SALES, PERCENTAGE OF TRAVEL? %		YEAR 1: \$
		YEAR 2: \$
HEALTH CONSIDERATIONS:		
OTHER CONSIDERATIONS:		

OTHER COVERAGE

IS THE CLIENT COVERED BY GROUP LTD? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHAT IS THE AMOUNT OF THE COVERAGE? \$
IS THE CLIENT COVERED BY INDIVIDUAL D. I.?? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHAT IS THE AMOUNT OF THE COVERAGE? \$

REQUESTED BENEFITS

MONTHLY BENEFIT: \$
BENEFIT PERIOD: <input type="checkbox"/> 1 YR <input type="checkbox"/> 2 YR <input type="checkbox"/> 5 YR <input type="checkbox"/> AGE 65
ELIMINATION PERIOD: <input type="checkbox"/> 30 DAY <input type="checkbox"/> 60 DAY <input type="checkbox"/> 90 DAY <input type="checkbox"/> 180 DAY <input type="checkbox"/> 365 DAY

Riders Desired

<input type="checkbox"/> Return of Premium Rider <ul style="list-style-type: none"> "Money back" rider! Sliding scale of premium return: Ages 18-44 get 100% of their premium back after 25 years, minus the amount of any claims paid. Issue age of 45-55 get 50% of the premium back after 10 years minus the amount of any claims paid. Fully commissionable! 	<input type="checkbox"/> Catastrophic Rider <ul style="list-style-type: none"> Available to all occupation classes! Extends the benefit period to a total of 5 or 10 years, providing continued income to the catastrophically disabled. Affordable rates.
<input type="checkbox"/> 5-Year Own-Occ. Rider <ul style="list-style-type: none"> Available for 4A and 3A classes. Extends the benefit frin 2 years to 5 years. "True" definition of Own-Occ. 	<input type="checkbox"/> Non-Cancellable Rider <ul style="list-style-type: none"> Available for 4A and 3A clases to standard risks. For 1, 2, and 5 year benefit periods. Policy can be renewes with no rate increase -- guaranteed! Guaranteed renewable up to age 65

FAX BACK TO
913-945-4393

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