



Disability Income Illustration Request

Broker Name: \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ EmailAddress: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height/Weight \_\_\_\_\_

State: \_\_\_\_\_ Male/Female Any use of nicotine products? If yes give detail: \_\_\_\_\_

Employment Status: \_\_\_\_\_ Non Owner Employee \_\_\_\_\_ Owner

Entity: \_\_\_\_\_ Sole Prop \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ C-Corp \_\_\_\_\_ S-Corp

Percentage of Ownership: \_\_\_\_\_ % Length of Ownership: \_\_\_\_\_ # Full time Employees: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work from home? Y / N If so %: \_\_\_\_\_

Percentage of Duties: Office: \_\_\_\_\_ % Sales: \_\_\_\_\_ % Supervisory: \_\_\_\_\_ % Manual: \_\_\_\_\_ %

**Financial Information: Income/Net Worth**

Have you ever filed for personal or business  
bankruptcy? \_\_\_\_\_

	Year to Date	Last Year
Earned Income after expenses	\$ _____	\$ _____
Unearned Income	\$ _____	\$ _____

Does Unearned Income exceed 25% of earned income? \_\_\_\_\_ Is Net Worth over \$3 Million? \_\_\_\_\_

Do you currently have Disability Insurance in force? If yes give detail: \_\_\_\_\_

Company	Monthly Benefit Amount	Benefit Period	Waiting Period	Employer Pay?(Y/N)

Do you intend to replace any coverage? \_\_\_\_\_

Have you ever had an application for disability insurance declined, rated or postponed? If yes give detail: \_\_\_\_\_

Specific Amount or Maximum Available: \_\_\_\_\_

Waiting Period (Check One) \_\_\_ 30 \_\_\_ 60 \_\_\_ 90 \_\_\_ 180 \_\_\_ 360

Benefit Period (Check One) \_\_\_ To Age 65/67 \_\_\_ 24 Month \_\_\_ 60 Months \_\_\_ Lifetime

**Additional Benefits:** (Check box or enter amount of rider if applicable, **all quotes include Partial/Residual**)

\_\_\_ Future Purchase Option \$ \_\_\_\_\_ Catastrophic \$ \_\_\_\_\_ Return of Premium

\_\_\_ Social Security Integration \$ \_\_\_\_\_ COLA: \_\_\_ 3% \_\_\_ 6%

Additional Remarks: \_\_\_\_\_