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 M*aximum 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: _____

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