Strong. Stable. Focused on *you*.

FROM: _____ **TO:**_____

D.I. Sales Desk
Fax: 847.674.0402 **Phone: 888.841.3045** **email: *di@mgaprt.com***

(RFP) Request for Proposal: DISABILITY INSURANCE

***** Please complete and submit pages 1 & 2 of this form. *****

Date today_____ **Need by:**_____ **Mail**_____ **or Email**_____ **or Fax**_____

Producer's name: _____ **Phone**:_____ **Fax**:_____

Email:_____ **Mailing Address**:_____

Client:_____ M or F **Date of Birth** :_____ **TOBACCO**: NO YES: (type:_____)

State where Client lives:_____ **State where app will be signed**:_____

►Page 2 of this form [Pre-screening issues] must be submitted for an accurate proposal.

Current In-force Coverage Amount: $_____ **Current** Type: Individual or Group? - Paid by?: _____

Occupation: _____ Exact Duties: _____

Personal taxable earned Income on last year's tax return:_____ Has this been consistent for several years?_____

Percent of: _____Admin. _____Manual _____Supervisory (over whom?)_____

For all W-2 employees:	**Business Owner or Self Employed**? **Yes** **No**
Private Sector?_____ or Public Sector?_____ [Federal, State, County, Municipal, Local]	If yes: Percent ownership_____ How long as owner? _____ Type of Business Entity: ___Sole Proprietor ___Partnership ___S-Corp ___C-Corp Number of Employees in firm: _____ How old is this business: _____

Policy types: Individual Disability Income Business Overhead Expense Disability Buy Out
Key-Person Replacement Business Loan Protection Retirement Savings Protection

Individual Disability Income:

Desired Monthly Amount or Maximum_____

Elimination Period (days): 30 60 90 180 365 730

Benefit Period: 2 year 5 year to Age 65 to Age 67

Optional Riders: -Residual -Future Purchase Option -COLA -Non-can -Other: _____

Business Overhead Expense:

Monthly Amount(s): _____ **Elimination Period**: 30 60 90 days

Benefit Period: 12 months 18 months 24 months 30 months

Optional Riders: -Residual -Future Purchase Option: _____ -Other: _____

Has a certain premium been budgeted or planned? _____

Special Requests? _____

Questions for Pre-Screening Disability Insurance Products

1. Describe the occupation and the exact duties.

   _____

2. Where is the work performed? [office at home, office away from home, lab, in the field, at client's work site, etc.]

   _____

3. Other activities, hobbies, or avocations that might be considered hazardous (work-related and/or recreational)? [SCUBA, racing, climbing, flying, etc.]

   _____

4. If self-employed:
   a. How long? _____
   b. Percent ownership? _____
   c. Number of employees? _____

5. Is ratio of height and weight normal?

   _____

6. Any significant medical history, chiropractic visits? Surgeries (past or planned)?

   _____

7. List all medications:

   _____

8. Any current or past treatment (medication and/or counseling) for depression, anxiety stress, or any other mental/nervous history?

   _____

9. Amount of taxable/earned/documented income reported on last year's tax return?

   _____

10. Is there any current group Long Term Disability (LTD) or any individual Disability Income (DI) in force? Please specify how much monthly benefit of each.

    _____

    a. Do you want to replace current coverage? _____
       1. Show same amount? _____
       2. Show maximum amount? _____
    b. Do you want to show the additional amount, keeping current coverage? ____

11. Any other comments, underwriting concerns, other details?

    _____

Understanding insurable income and income documentation

Entity	Individual D.I.	Business Overhead Expense	Disability Buy Out	What income figure to use	Employer-paid limits
Students, Residents, New Professionals	None Required	New in private practice professionals, call us.	Not available	Special Company Limits	Not eligible for employer – paid limits.
Non – owner employee	Complete Form 1040 for most recent year including all schedules and W 2's of the proposed insured **OR** If income is from salary only, provide copy of paystub showing a minimum of six months of YTD income **OR** If 1099 income: complete 1040 to include Schedule C	Not available	Not available	W - 2 box #5 labeled "Medicare Wages and Tips" **OR** Project year to date salary to determine annual income. Do not project commissions or bonuses.[3] **OR** 1099's report income from independent contractors. Most likely filed under a Schedule C, but may be reported as "other income"	May apply for employer – paid limits.[4] Independent contractors are not eligible for employer – paid limits.
Owner of Sole Proprietorship	Complete Form 1040 and Schedule C	Schedule C from personal tax return	Not available	Schedule C line #31	Not eligible for employer – paid limits.
C Corporation Owner	Complete 1040 and W 2's of the proposed insured. Business Tax Form 1120 is required if 20%+ owner	Business tax form 1120	2 years' complete business tax returns	W - 2 box #5 labeled "Medicare Wages and Tips" and owner's share of Form 1120, line #30	May apply for employer – paid limits.[4]
S Corporation Owner	Complete 1040, W - 2's, and Schedule E	Business tax form 1120S	2 years' complete business tax returns	W - 2 box #5 plus Schedule E Nonpassive income, subtract Nonpassive loss, Section 179 Expense.[5] "Passive" may be counted as unearned income. **OR** Add 1120S line 7 (owner's share shown on W 2) and K 1 box number 1, subtract line 11	May apply for employer – paid limits if the proposed insured owns 2% or less of the business.[4]
Partnership	Complete 1040, Partnership Form 1065, Schedule K – 1 (1065)	Business tax form 1065	2 years' complete business tax returns	Add K - 1 lines 1 and 4, subtract line 12	Not eligible for employer – paid limits.
LLC or LLP	The type of business tax return filed for the LLC or LLP will govern the documentation required.	See appropriate business entity above	2 years' complete business tax returns	Refer to the appropriate requirements above for regular corporations and partnerships.	See appropriate business entity above

- Each insurer reserves the right to require additional financial information on any applications regardless of amount, if necessary to reach an underwriting decision or to secure reinsurance. Each insurer also reserves the right to limit or modify the amount of insurance coverage offered regardless of earned income, other financial information or other insurance in force.
- For bonus or commission to be considered as income, at least two years' documentation is required.
- To be eligible for employer - paid limits, the premium cannot be included in taxable income and the employee may not reimburse the employer for the premium.