



Agent Name			Phone			Email or Fax #			
Client Name			DOB / Age			City / State			
Male		Female		Non-Smoker		Smoker		Other Nic/Tob	
<u>Occupation</u> (Industry and Exact Duties):					<u>Number of years in occupation:</u>				
<u>Any manual duties?</u> (if YES, please provide details)					Does client work in home?				
					Yes _____% of the time				
					No				
					<u>If Business Owner, how long?</u>				
<u>Annual or Monthly Income</u> (self-employed use NET; all others use GROSS):					Income last year: \$ _____				
					Income 2 years ago: \$ _____				
<u>Any medical or other underwriting concerns?</u> (counseling and chiropractic are relevant)					<u>Current medications</u> (name & dosage)				
<u>Elimination Period:</u>						<u>Benefit Period:</u>			
Short-Term:		0/7	0/14	7/7	7/14	14/14	2yr	5yr	10yr
Long-Term:		30	60	90	180	365	Age 65	Age 67	Age 70
<u>Riders:</u>		Social Insurance Substitute		Automatic Increase		COLA _____%			
(not available in all states)		Residual / Partial Disability		Future Increase					
		Return of Premium		Catastrophic		True Own Occ			
<u>Existing Disability in force:</u>						<u>Purpose:</u>			
Individual DI: \$ _____ per month						Individual Disability Income			
EP _____ days, Benefit Period _____ years						Buy/Sell			
Group DI _____% of salary up to \$ _____						Business Overhead Expense			
EP _____ days, Benefit Period _____ years						monthly expenses:			
Taxable (employer paid)						\$			
Non-taxable (employee paid)						<u>Additional Details:</u>			

Send DI requests to Roger Stacy - rstacy.emg@outlook.com

Unless otherwise specified, quote will be run with maximum possible DI benefit based on occupation, income, and with all available riders. Where available, an alternate premium report will also be included to help determine an appropriate mix of benefits and riders.