REQUEST FOR DI PROPOSAL

ADVANCED INSURANCE MARKETING GROUP • DISABILITY INSURANCE

ADVISOR & CLIENT DATA

ADVISOR DATA

ADVISOR NAME | PHONE | EMAIL

CLIENT DATA

FULL NAME | AGE | DATE OF BIRTH

HEIGHT | WEIGHT | GENDER | STATE OF ISSUE

Complete advisor and client details as they should appear on the formal proposal request sent to the carrier.

MEDICAL & OCCUPATIONAL DATA

MEDICAL UNDERWRITING

Tobacco use: ☐ Yes ☐ No

HEALTH CONDITIONS & DIAGNOSIS DATES

OCCUPATIONAL DATA

JOB TITLE | INDUSTRY

DESCRIPTION OF JOB DUTIES

FINANCIAL DETAILS

INCOME & TARGET COVERAGE

TAXABLE INCOME ($) | TARGET BENEFIT ($) | TARGET PREMIUM ($)

Business owner: ☐ Yes ☐ No | TARGET BENEFIT (BUS.) ($) | TARGET PREMIUM (BUS.) ($)

EXISTING COVERAGE

Employer paid: ☐ Yes ☐ No | EXISTING COVERAGE ($)

This proposal request is for illustrative purposes only. Final rates, riders, and eligibility are determined by the carrier upon formal underwriting.

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CORE BENEFIT DESIGN

Benefit Amount
Max Amount
- ☐ YES
- ☐ NO

SPECIFIC AMT:
$ _____

Soc Sec DI Rider
Max Amount
- ☐ YES
- ☐ NO

SPECIFIC AMT:
$ _____

Elimination Period
- ☐ 60 DAYS
- ☐ 90 DAYS
- ☐ 180 DAYS
- ☐ 365 DAYS
- ☐ 730 DAYS

Benefit Period
- ☐ 2 YEARS
- ☐ 5 YEARS
- ☐ 10 YEARS
- ☐ TO AGE 65
- ☐ TO AGE 70

"Max Amount" requests the highest benefit the carrier will issue given the client's income and occupation class; use "Specific Amt" to cap the request at a set dollar figure.

OCCUPATION CLASS & RIDERS

Starting practice: ☐ Yes ☐ No **Gov't employee:** ☐ Yes ☐ No

Own Occ
- ☐ NONE
- ☐ FULL OWN OCC
- ☐ 5 YEARS
- ☐ TO AGE 65

Residual DI
- ☐ BASIC
- ☐ 2 YEARS
- ☐ 3 YEARS
- ☐ NONE

Catastrophic DI
Max Amount
- ☐ YES
- ☐ NO

SPECIFIC AMT:
$ _____

COLA
- ☐ NONE
- ☐ 0-10%
- ☐ 3%

ADDITIONAL RIDERS & SUPPLIES

Auto Increase Benefit
☐ YES ☐ NO

Future Purchase Option
☐ YES ☐ NO

Return of Premium
☐ YES ☐ NO

Non-Cancelable Rider
☐ YES ☐ NO

CRITICAL ILLNESS — SPECIFIC AMT ($)

_____

ADDITIONAL SUPPLIES REQUESTED (SELECT ALL THAT APPLY)

☐ Illustration ☐ Application ☐ Brochure
☐ Contracting ☐ Phone Call

SUBMITTED BY

ADVISOR SIGNATURE _____ DATE _____

ADVANCED INSURANCE MARKETING GROUP