



# Disability Income Insurance (DI) Quote Request Form

Agent Name: \_\_\_\_\_

Agent Phone: (\_\_\_\_\_) \_\_\_\_\_

Agent Email: \_\_\_\_\_

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male  Female State in which application will be signed: \_\_\_\_\_ Tobacco User?  Yes  No

Height \_\_\_\_\_ Weight \_\_\_\_\_ Occupation: \_\_\_\_\_

Is this a part time occupation?  Yes  No How many hours per week does the client work? \_\_\_\_\_

Description of Occupational Duties (include % of time doing each duty): \_\_\_\_\_

Is the client a business owner/self employed?  Yes  No If yes, how long? \_\_\_\_\_ How many employees? \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_

\*Please note: Use net income if business owner and gross income if W-2 employee and NO ownership

Does the client currently have any in force DI coverage (Individual or Group)?  Yes  No

If yes, details of coverage: \_\_\_\_\_

Does the client have any medical history such as arthritis, fibromyalgia, cancer, back/spine problems (including chiropractic treatments), limb/extremity or joint problems, heart or circulatory trouble, depression/anxiety, breathing or lung problems, diabetes, pregnancy/complications of pregnancy (including C-section) or had any major surgeries?

Please list any medications this client is currently taking, along with the reasons why:  
(ex: Prozac or Lexapro, depression) (ex: Levothyroxine, thyroid deficiency) (ex: Lipitor®, high cholesterol)

## NEEDS ANALYSIS (Additional notes and special requests can be submitted in an email or cover sheet)

### Please Quote Personal Paycheck Power®

When determining how much individual DI coverage your client will need, consider all expenses he/she incurs on a monthly basis, including: mortgage/rent, utilities, groceries, car payments, auto insurance, home insurance, health insurance, life insurance, childcare/education needs, credit cards/other debt, spending money and other obligations.

TOTAL PERSONAL PAYCHECK POWER® NEEDS  
\$ \_\_\_\_\_

Benefit Period:

- 6 Months  1 Year  2 Year  
 5 Year  10 Year  Age 67

Elimination Period:

- 30 Day  60 Day  90 Day  180 Day

Optional Riders: \_\_\_\_\_

### Please Quote Business Expense Power®

Indicate the share of the total eligible monthly fixed business expenses your client needs to protect, including: lease or rent payments, utilities, office maintenance and repairs, billing and collection fees, depreciation, mortgage and loan interest, property and payroll taxes, property and liability insurance, employee salaries (except those of the insured, someone who replaces the insured, and any family member working less than 3 months), postage, professional service fees, dues and subscriptions.

TOTAL BUSINESS EXPENSE POWER® NEEDS  
\$ \_\_\_\_\_

Benefit Period:  12 Months  18 Months  24 Months

Elimination Period:

- 30 Day  60 Day  90 Day

Optional Riders: \_\_\_\_\_

Note: This information is for quoting our products. Your personal information is not released without your authorization unless permitted by law. We do not sell or rent your personal information.

Policy Form DI105, Disability Income Policy; Policy Form BE105, Business Expense Policy

Not available in AK, CA, DC, HI or NY. Coverage and availability may vary in other states.

For costs and details of coverage, limitations, exclusions and terms, contact Illinois Mutual.

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