



Oberlin Marketing

Supporting the direction of your business

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DISABILITY INSURANCE PROPOSAL

Producer: _____	Phone: _____
Client: _____	Client's State of Residence: _____
Date of Birth: _____	Sex: Male ____ Female ____
Annual Income: _____	Tobacco ____ Non Tobacco ____
Monthly Benefit: _____	Occupation: _____
Base: _____ SSI: _____	Specific Duties: _____
Benefit Period: 1yr / 2yr / 5yr / 65yr / 67yr	If business owner, how long? _____
Elimination Periods: 30 / 60 / 90 / 180 / 365	Existing DI coverage? _____
Mode: A / SA / Q / M	If so, explain: _____

HEALTH HISTORY (list conditions & medications)

List height & weight:

DISABILITY REQUESTED

- Individual
- Business Overhead
- Graded Benefit
- Short Term
- Disability Buy / Sell
- Critical Illness

OPTIONAL BENEFIT RIDERS

- Supplemental Income
- Non-Cancellation
- Own Occupation
- Catastrophic Disability Income
- Guaranteed Insurability
- Hospital Benefit
- Residual Benefit
- Return of Premium
- Future Purchase Option

Email Quote

Fax Quote

Mail Quote