Oberlin Marketing

Supporting the direction of your business

DI Proposal Request

Agent Information **Urgent – Please Rush!**

Name: _____ Date: _____

Office: _____ Email: _____

Phone: _____ Fax: _____

Please send illustration via: ◯ Secure Email ◯ Fax Other: _____

Client Information

Name: _____

Age: _____ Gender: ◯ Male ◯ Female

State of Residence: _____

Tobacco: ◯ None for 1 year or more

◯ Cigar only – # of years: _____

◯ Cigarettes, pipe, chew-# of years: _____

Occupation: _____

Specific Job Duties: _____

Height/Weight: _____

Is there other coverage in force? ◯ Yes ◯ No

Group LTD amount: $_____

Individual DI amount: $_____

Employer paid premium

Employee paid premium

Annual Income: $_____

◯ Salaried (salary + bonus)

◯ Self-employed - Sched. C (income – expenses)

◯ Partner or S Corp (income from K-1)

Quote Information

Personal Disability Income Protection

Monthly Benefit: ◯ Max Available ◯ Specified Amount: $_____

Long-Term Disability Elimination Period: ☐ 30 day ☐ 60 day ☐ 90 day ☐ 180 day ☐ 365 day

Benefit Period: ☐ 2yr ☐ 5yr ☐ 10yr ☐ Age 65 ☐ Age 67

Short-Term Disability Elimination Period: ☐ 0 day ☐ 7 day ☐ 14 day ☐

Benefit Period: ☐ 3 month ☐ 6 month ☐ 12 month ☐ 24 month

Riders:

- ☐ Own Occupation
- ☐ Residual/Partial Disability
- ☐ Catastrophic Disability
- ☐ Critical Illness Benefit
- ☐ Retroactive Injury Benefit
- ☐ Guaranteed Insurability
- ☐ Non-Cancelable
- ☐ SDIR (Social Security DI Insurance Rider)
- ☐ ROP (Return of Premium)
- ☐ Future Purchase Option
- ☐ Automatic Benefit Increase
- ☐ COLA (Cost of Living Adjustment)

Business Overhead Expense (BOE)

Monthly Benefit: $_____

Elimination Period: ☐ 30 Day ☐ 60 Day ☐ 90 day

Benefit Period: ☐ 12mo ☐ 18mo ☐ 24mo

Riders: ☐ Residual ☐ Future Purchase Option ☐ Salary of Replacement

Disability Buy Out

Monthly Benefit: $_____

Lump Sum Benefit: $_____

Elimination Period: ☐ 12mo ☐ 18mo ☐ 24mo

Benefit Period: ☐ 18mo ☐ 24mo ☐ 36mo ☐ 60mo ☐ LUMP SUM

E-mail: info@oberlinmarketing.com

Phone: 800.486.9739 or Fax: 260.492.2711

DI Proposal Request

MEDICAL HISTORY:

Client have any history of:

☐ Neck or back disorders
☐ Mental/Nervous conditions
☐ Diabetes/High Cholesterol/Hypertension

In the last 5 years, has the client seen:

Physicians	☐ Yes	☐ No
Chiropractors	☐ Yes	☐ No
Counselors/Psychiatrists	☐ Yes	☐ No

Are you pregnant? ☐ Yes ☐ No

If you answered "Yes" to any of the questions above, please provide full details:

_____

_____

_____

_____

_____

_____

_____

Is the client taking any medications? ☐ Yes ☐ No

Medication(s)/Reason	Dosage	Frequency	Currently Taking?
_____	_____	_____	☐ Yes ☐ No
_____	_____	_____	☐ Yes ☐ No
_____	_____	_____	☐ Yes ☐ No
_____	_____	_____	☐ Yes ☐ No
_____	_____	_____	☐ Yes ☐ No

E-mail: info@oberlinmarketing.com

Phone: 800.486.9739 or Fax: 260.492.2711