DI Proposal Request Form

Email the completed form to 3mark@northcentraldi.com

3 MARK FINANCIAL

Broker Information

Today's Date:

Broker's Name: Phone: Fax:

Company: Email:

Address: City: State: Zip:

Client Information

Client Name: DOB: Sex: ❍ M ❍ F Tobacco: ❍ No ❍ Yes

Occupation: State of Residency:

Occupational Duties: If Working from Home, % of Time:

Annual Base Income: $ Bonus Income: $ If Gov't Employee, # of years: ❍ Federal ❍ State

If Business Ownership, % Owner: Business Type: ❍ C-Corp ❍ Other Years in Business: Number of Full-Time Employees:

Height: Weight: Medications / Medical History:

Existing Disability Coverage

Group LTD: ❍No ❍Yes Monthly Replacement: % to Benefit Cap of $ Employer Paid: ❍No ❍Yes

Individual DI : ❍No ❍Yes Monthly Benefit: $ To Remain in Force: ❍No ❍Yes Employer Paid: ❍No ❍Yes

Individual Disability Proposal

❍ Maximum Benefit or Monthly Benefit: $ Premium Payer: ❍ Individual ❍ Employer

Elimination Period Days: ❍30 ❍60 ❍90 ❍180 ❍365 ❍720 Benefit Period: ❍2 Yrs. ❍5 Yrs. ❍Age 65 ❍Age 67 ❍Age 70

Riders: ❍ Residual/Partial Benefit ❍ Future Increase Option ❍ Cost of Living ❍ Catastrophic

Disability Overhead Expense Proposal

Monthly Benefit: $ Elimination Period Days: ❍30 ❍60 ❍90 Benefit Period Months: ❍12 ❍18 ❍24

Riders: ❍ Residual/Partial Benefit ❍ Future Increase Option ❍ Professional Salary Replacement Benefit

Disability Buy-Sell Proposal

Benefit: $ Elimination Period Days: ❍365 ❍540 ❍730 Benefit Period Months: ❍12 ❍24 ❍36 ❍48 ❍60 or ❍Lump Sum

Riders: ❍ Residual/Partial Benefit ❍ Future Increase Option

Key Person Proposal

Benefit: $ Elimination Period Days: ❍90 ❍180 ❍365 Benefit Period Months: ❍12 ❍24 ❍36 or ❍Lump Sum

Riders: ❍ Future Increase Option

Reset Form

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