

Advisor Data

Advisor Name _____
 Phone _____ Email _____

Client Data

Name _____ Age _____
 DOB _____ Height _____ Weight _____
 State of Issue _____ Gender Male Female

Medical Underwriting

Health Conditions & Diagnosis Dates _____
 Tobacco Yes No

Occupational Data

Job Title _____ Industry _____
 Description of Job Duties _____

Taxable Income \$ _____ Business Owner Yes No
 Target Benefit \$ _____ Target Benefit \$ _____
 Target Premium \$ _____ Target Premium \$ _____

Existing Coverage \$ _____ Employer Paid Yes No

Benefit Amount	Soc Sec DI Rider	Elimination Period	Benefit Period	Starting Practice
Max Amount	Max Amount	60 Days <input type="radio"/>	2 Yr <input type="radio"/>	Yes <input type="radio"/>
Yes <input type="radio"/>	Yes <input type="radio"/>	90 Days <input type="radio"/>	5 Yr <input type="radio"/>	No <input type="radio"/>
No <input type="radio"/>	No <input type="radio"/>	180 Days <input type="radio"/>	10 Yr <input type="radio"/>	
Specific Amt	Specific Amt	365 Days <input type="radio"/>	to age 65 <input type="radio"/>	
\$ _____	\$ _____	730 Days <input type="radio"/>	to age 70 <input type="radio"/>	

Own Occ	Residual DI	Catastrophic DI	COLA	Gov't Employee
None <input type="radio"/>	Basic <input type="radio"/>	Max Amount	None <input type="radio"/>	Yes <input type="radio"/>
Full Own <input type="radio"/>	2 Yr <input type="radio"/>	Yes <input type="radio"/>	0-10% <input type="radio"/>	No <input type="radio"/>
Occ <input type="radio"/>	3 Yr <input type="radio"/>	No <input type="radio"/>	3% <input type="radio"/>	
5 Yr <input type="radio"/>	None <input type="radio"/>			
to age 65 <input type="radio"/>				

Auto Increase Benefit	Future Purchase Option	Return of Premium	Non-Cancelable Rider	Critical Illness
Yes <input type="radio"/>	Yes <input type="radio"/>	Yes <input type="radio"/>	Yes <input type="radio"/>	Specific Amt
No <input type="radio"/>	No <input type="radio"/>	No <input type="radio"/>	No <input type="radio"/>	\$ _____

Additional Supplies

Illustration <input type="radio"/>	Application <input type="radio"/>	Brochure <input type="radio"/>	Contracting <input type="radio"/>	Phone Call <input type="radio"/>
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