



Leading Edge Disability Center

www.DisabilityCenter.com

(888) 677-6575

Disability Income Insurance: Simplified Issue; Return of Premium; Association discounts; Guarantee Issue; Short-Term DI; White, gray & blue collar plans; \$15,000 monthly benefits for ALL doctors and dentists; Benefits to age 65, 70 and Lifetime

True Own-Occupation

INDIVIDUAL DISABILITY PROPOSAL REQUEST

Broker Name _____ Affiliation _____

Telephone # () _____ Fax # () _____ Email Address _____

Address _____

City, State, Zip _____

Illustration to be received by: Mail _____ Fax _____ Email _____

Client Name: _____ D.O.B. _____

Sex: M F Tobacco Use: Y N State: _____ Net Annual Income: _____

Occupation _____

Job Description/Duties _____

Business Owner: Y N C-Corp: Y N # of Employees _____ Years in business _____

Group LTD in force: Y N Monthly Amount: \$ _____ 60% or 67% (circle one)

Individual coverage in force: Y N Monthly Amount: \$ _____ To remain in Force? Y N

Who will pay the premium: Employee Pay Employer Pay

Monthly Benefit: \$ _____

Elimination Period: 14 30 60 90 180 365 730

Benefit Period: 6 Months 1 Year 2 Years 5 Years To Age 65 66/67 Lifetime

Discount: Association Multilife Double Annual Premium

Benefit Riders:

Residual COLA Non-Can Own Occ. Future Purchase Option Automatic Increase

Return of Premium Activities of Daily Living Catastrophic Rider Social Insurance

Medical History _____

COMMENTS: _____

Please submit the DI Quote information via fax, email, or on our website:

FAX: 281-565-5548

PHONE: 281-565-5540

Website: www.DisabilityCenter.com

Email: office@DisabilityCenter.com

We will provide you the best quotes from the industry's leading carriers.

If you wish to be removed from our list, please FAX this form to 281.565-5548, or call TollFree 888-677-6575

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