

**THE**  
**MILNER GROUP**  
*Insurance for Generations*

**Disability Income Proposal Request**

**Agent Information:**

Name (First, MI, Last)	State	Date
Phone	Email	

**Insured Information:**

Name (First, MI, Last)	State	DOB
Desired Monthly Benefit Amount	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Tobacco Yes <input type="checkbox"/> No <input type="checkbox"/>
		Earned Annual Income \$
Occupation		
Job Duties		
Health Issues		
Manual Labor *Percentage of manual labor for occupation <input type="checkbox"/> None <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%		

Elimination Period \*Wait period before receiving benefit  
30 Day    60 Day    90 Day    180 Day    1 Year    2 Years

Benefit Period \*Length of benefit  
2 Year    5 Year    Age 65    Age 67    Age 70

Premium Payment  
Annual    Semi-Annual    Quarterly    Monthly

Optional Riders \*Definitions below

COLA	CAT	SIS	RES	FIO	BOE	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

- COLA - Cost of Living Adjustment - 3%-6% increase of benefits while on claim
- CAT - Severe Impairment Rider - Pays in addition to base benefit if severely disabled (2 of 6 ADL's)
- SIS - Social Insurance Substitute - Integrates total benefit with Social Insurance to reduce premium
- RES - Enhanced Residual Rider - Replaces % of lost income due to partial disability
- FIO - Future Increase Option - Increase benefit amount without proof of medical inseparability
- BOE - Business Overhead Expense - Benefit paid to business if owner disabled

Send to:

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