

# PERSONAL DISABILITY PROPOSAL

Agent Name \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

Age/ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occ. Class: 6 5 4 4P 3 2 1 Smoker: YES NO

Disct: Pfd Group Assn None

Income: \$ \_\_\_\_\_

?? Self-Employed: Net Schedule C income)

?? Salaried: Salary + Bonus (last yr.)

?? Partner or S Corp.: from Schedule E

Indiv. Pay  Employer Pay

Other Coverage \_\_\_\_\_

Base \$ \_\_\_\_\_ Max

SIS \$ \_\_\_\_\_

EP: 30d 60d 90d 6 mo 1yr. 2yr.

Ben. Max.: 2yr. 5yr. 65 x45 Level Prem.  Graded Prem.

COLA: 3% 6% 8% AIR: YES NO FIO: \_\_\_\_\_ Max

## REDUCING TERM PROPOSAL INFO

Age / Date of Birth \_\_\_\_\_

Gender: Male Female

Benefit Period (yrs.): 5 6 7 8 9 10 15 20 25 30

EP: 30d 60d 90d 6mo. 1yr.

Benefit Amount \$ \_\_\_\_\_

# The Hunken Agency, Inc.

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