



DISABILITY INSURANCE RFP (REQUEST FOR PROPOSAL)

YOUR DI DESK

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Please complete form as much as possible.

FROM: _____ TO: _____ Date: _____ Need by: _____
 Producer's Name: _____ Pick up: Email _____ Mail _____ Fax _____
 Phone: _____ Fax: _____ Email: _____
 Mailing Address: _____

Client Name: _____ Gender: _____ Date of Birth: _____ Client lives (State): _____
 Where app will be signed (State): _____ Height: _____ Weight: _____ lbs. Any weight change (+/- 10 lbs) in last 12 mths? No _____ Yes _____
 Occupation: _____ Exact Duties: _____
 Percent of: Admin. _____ Manual _____ Sales _____ Supervision _____ Supervision (over whom?) _____
 Work-related and/or recreational activities, hobbies, or avocations that might be considered hazardous? (Scuba diving, racing, climbing, flying, etc.) _____
 Any significant medical history, chiropractic visits, doctor appointments, hospitalizations, surgeries (past or planned)? If so, explain: _____

List all medications: _____
 Any current or past treatment (medication and/or counseling) for depression, anxiety, stress, or any other mental/nervous history? If so, explain: _____

Nicotine Usage in the last 12 months? (Including cigarette, e-cigarette, cigar, pipe, chew, vape, patch, & nicotine gum): No _____ Yes _____
 If yes, what type(s)? _____ If yes, ever test positive for insurance exam? No _____ Yes _____ If yes, date: _____

Cannabis Usage in the last 12 months? (Including any form of inhalation, consumption/oral, & topical): No _____ Yes _____
 If yes, frequency? _____ If yes, ever test positive for insurance exam? No _____ Yes _____ If yes, date: _____

Current In-force Coverage Amount: \$ _____ Current Type: Individual _____ Group _____ Paid by?: _____
 Personal taxable earned income on last 2 year's tax return: Last Year _____ 2 Years Ago _____

For All W-2 Employees: Private Sector _____ or Public Sector _____ (Federal, State, County, Municipal, Local)

Business Owner or Self Employed: Yes _____ No _____ If Yes: Percent Ownership: _____ Length of Ownership: _____ Age of Business: _____

Type of Business Entity: Sole Proprietor _____ Partnership _____ S-Corp _____ C-Corp _____ Number of Employees in Business: _____

Any other comments, underwriting concerns, or other important details? _____

POLICY TYPES: Individual Disability Income _____ Business Overhead Expense _____ Disability Buy Out _____ Key-Person Replacement _____
 Business Loan Protection _____ Retirement Savings Protection _____

INDIVIDUAL DISABILITY INCOME

Desired Monthly Amount or Maximum: _____
 Elimination Period (days): 30 _____ 60 _____ 90 _____ 180 _____ 365 _____ 730 _____
 Benefit Period: 2 year _____ 5 year _____ Age 65 _____ Age 67 _____ Age 70 _____
 Optional Riders: Future Purchase Option _____ COLA _____

BUSINESS OVERHEAD EXPENSE

Monthly Amount(s): _____
 Elimination Period (days): 30 _____ 60 _____ 90 _____ 180 _____
 Optional Riders: Residual _____ Future Purchase Option _____
 Other: _____

DISABILITY BUYOUT

Desired Benefit Amount: _____
 Elimination Period (days): 365 _____ 540 _____ 730 _____
 Benefit Combinations: Lump Sum _____
 Monthly Benefit Factors: 24 _____ 36 _____ 60 _____

KEY-PERSON REPLACEMENT NOTE: Business Ownership Greater Than 50% Not Eligible

Lump Sum: Benefit Amount (Max 3x Salary up to \$500k) _____
 Elimination Period (days): 180 _____ 365 _____ 730 _____
 Monthly Payment Combination: Benefit Amount (Max 3x Salary up to \$750k) _____
 Elimination Period (days): 90 _____ 180 _____

BUSINESS LOAN PROTECTION

Purpose of the loan is to purchase: Building _____ Equipment _____ Practice _____
 Other (please specify): _____
 Monthly Amount of Loan Payment (Max \$20k/month): _____
 Initial Monthly Loan Payment Date: _____ Loan Pay Off Date: _____
 Loan Obligation Shared with Anyone? Yes _____ No _____ Ownership %: _____

RETIREMENT SAVINGS PROTECTION NOTE: Minimum Income \$76k to qualify

Monthly Benefit Amount (15% of monthly income up to \$4,555 self pay): _____
 Elimination Period (days): 90 _____ 180 _____
 Benefit Period: to Age 65 _____ to Age 67 _____

Understanding insurable income and income documentation

Entity	Individual D.I.	Business Overhead Expense	Disability Buy Out	What income figure to use	Employer-paid limits
Students, Residents, New Professionals	None Required	New in private practice professionals, call us.	Not available	Special Company Limits	Not eligible for employer – paid limits.
Non – owner employee	Complete Form 1040 for most recent year including all schedules and W 2's of the proposed insured OR If income is from salary only, provide copy of paystub showing a minimum of six months of YTD income OR If 1099 income: complete 1040 to include Schedule C	Not available	Not available	W - 2 box #5 labeled "Medicare Wages and Tips" OR Project year to date salary to determine annual income. Do not project commissions or bonuses. ³ OR 1099's report income from independent contractors. Most likely filed under a Schedule C, but may be reported as "other income"	May apply for employer – paid limits. ⁴ Independent contractors are not eligible for employer – paid limits.
Owner of Sole Proprietorship	Complete Form 1040 and Schedule C	Schedule C from personal tax return	Not available	Schedule C line #31	Not eligible for employer – paid limits.
C Corporation Owner	Complete 1040 and W 2's of the proposed insured. Business Tax Form 1120 is required if 20%+ owner	Business tax form 1120	2 years' complete business tax returns	W - 2 box #5 labeled "Medicare Wages and Tips" and owner's share of Form 1120, line #30	May apply for employer – paid limits. ⁴
S Corporation Owner	Complete 1040, W - 2's, and Schedule E	Business tax form 1120S	2 years' complete business tax returns	W - 2 box #5 plus Schedule E Nonpassive income, subtract Nonpassive loss, Section 179 Expense. ⁵ "Passive" may be counted as unearned income. OR Add 1120S line 7 (owner's share shown on W 2) and K 1 box number 1, subtract line 11	May apply for employer – paid limits if the proposed insured owns 2% or less of the business. ⁴
Partnership	Complete 1040, Partnership Form 1065, Schedule K – 1 (1065)	Business tax form 1065	2 years' complete business tax returns	Add K - 1 lines 1 and 4, subtract line 12	Not eligible for employer – paid limits.
LLC or LLP	The type of business tax return filed for the LLC or LLP will govern the documentation required.	See appropriate business entity above	2 years' complete business tax returns	Refer to the appropriate requirements above for regular corporations and partnerships.	See appropriate business entity above

- Each insurer reserves the right to require additional financial information on any applications regardless of amount, if necessary to reach an underwriting decision or to secure reinsurance. Each insurer also reserves the right to limit or modify the amount of insurance coverage offered regardless of earned income, other financial information or other insurance in force.
- For bonus or commission to be considered as income, at least two years' documentation is required.
- To be eligible for employer - paid limits, the premium cannot be included in taxable income and the employee may not reimburse the employer for the premium.