Disability Income Quote Request Form

BROOKFIELD PARTNERS

Fax to: Brookfield Partners DI Center (866) 639-0443

Scan and Email to: info@brookfieldpartners.com

Advisor Name: _____

Advisor Phone: (_____) _____ E-mail: _____

Address: _____

Client Name: _____ ❑ M ❑ F DOB: _____ State: _____

Tobacco Use: ❑ Never ❑ Cigarettes ❑ Other Tobacco ❑ Former User Date of last use: _____

Very Important: Over 40% of disability cases are rated, declined or carry exclusions. Eliminate the surprise for your client and increase your closing percentage by asking your client about any known health conditions. Specifically ask if they have a history of:

Neck or back disorders: ❑ Yes ❑ No

Depression, anxiety or other mental disorders: ❑ Yes ❑ No

Diabetes: ❑ Yes ❑ No

Sleep Apnea: ❑ Yes ❑ No

Cardiac conditions: ❑ Yes ❑ No

Cancer: ❑ Yes ❑ No

Other known health conditions for which lengthy treatment was needed: ❑ Yes ❑ No

Please provide details to any yes answers: _____

_____

Height/Weight: _____ Current medications and length of time on each: _____

_____

Occupational duties - please be specific: _____

Time at current employer: _____

Member of a professional organization; ABA (American Bar Association), AICPA (American Institute of CPAs), NSPA (National Society for Professional Engineers) or Chamber of Commerce? _____

AMA member? ❑ Yes ❑ No Government employee? ❑ Yes ❑ No Work from home? ❑ Yes ❑ No

Business owner? ❑ Yes ❑ No If business owner or in management, how many full-time employees? _____

If self-employed, how long? _____

Current gross earnings (after expenses if self-employed): $_____

Last year: $_____

Two years ago: $_____

Existing Group Disability Insurance: Monthly amount or % of income _____ EP _____ BP _____

Existing Individual Disability Insurance: Monthly amount $ _____ EP _____ BP _____

Will it be replaced? ❑ Yes ❑ No

Coverage Amount Desired _____ or Max Benefit Amount

Desired Elimination Period *(circle one)*: 30-day 60-day 90-day 180-day 365-day

Desired Benefit Period *(circle one)*: 2-yr 5-yr To Age 65 Maximum Available

Optional Riders *(if available)*: Residual (Partial) COLA Catastrophic

Guaranteed Insurability Option Return of Premium Own Occupation/Transitional Own Occ