

THE
AGENTS' MARKETING
GROUP INC.

It's Our Service That Produces

Disability Insurance Check List

Client: _____ DOB (age): _____ Male / Female

State of Issue: _____ Tobacco Usage History: _____

Annual Income: _____ Amount of other DI inforce: _____ Employer/ Personal

Occupation: _____

Corporation / Government / Self-employed

% of time spent conducting admin/ managerial duties: ____ % of time spent conducting manual duties: _____

Specific Job Duties (Please provide as many details as possible!): _____

Length of Benefit Period: 6 months/ 1 year/ 2 years / 5 years / 10 years / To Age 65 / To Age 67

Elimination Period: 30 days / 60 days / 90 days / 180 days

Optional Benefits or Riders: _____
(For example: Social Insurance Offset, Future Insurability, Catastrophic Rider, Residual Rider, Activities of Daily Living Rider, Cost of Living Adjustment, etc.)

Any Carrier(s) in Particular? _____

*****Please note that not all elimination periods, benefit periods, or riders are available with all carriers or all occupational classes. The illustration will contain the closest choice available if your choice is unavailable.*

Health Concerns (Specifically any back or spine treatment):

Agent Requesting: _____ Email Address: _____