

Disability Insurance Quote Request Form

Fax to iTrust Advisors Team (877) 326-2477

Scan and Email to: iTrustAdvisors@iTrustLLC.com



Broker Name: _____

Broker Phone: (____) _____ Email: _____

Address: _____

Client Name _____ M F DOB _____ State _____

Tobacco Use Nicotine Use Marijuana Use Cessation Products None

Important: Due to a moderate number of disability applications being rated, declined, or carry exclusions, you can minimize the surprise for your clients and increase your placement percentage by asking them about known health conditions. Specifically, ask them if they have a history of:

Neck or Back Disorders Depression, anxiety, or other mental disorders Diabetes

Sleep Apnea Cardiac Condition Cancer Other

Please provide details (with dates of onset) to any of the checked boxes above _____

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

Occupation and Title: _____

Amount of physical work in current position:

Low (0 - 30%) Moderate (31-60%) High (61-100%)

Daily duties - please be specific: _____

Time at current employer or self-employed: _____ Government Employee

Work from home Percent of time working from home: _____% Business owner

If business owner or management, how many full-time employees? _____

If self-employed, how long? _____ Monthly business expenses: _____

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

Last Year: \$ _____ Two years ago: \$ _____

Existing Group Disability Insurance: Employer Paid

Monthly amount or % of Income: _____ Elimination Period: _____ Benefit Period: _____

Existing Individual Disability Insurance: Employer Paid

Monthly amount or % of Income: _____ Elimination Period: _____ Benefit Period: _____

Will either of the above coverages be replaced? Yes No

Coverage Amount Desired: _____ or Max Benefit Amount

Desired Elimination Period (check one): 30-day 60-day 90-day 180-day 1 year

Desired Benefit Period (check one): 2-year 5-year To Age 65 Maximum Available

Optional Riders (if available): Residual (Partial) COLA Catastrophic Guaranteed Insurability Option

Return of Premium Own Occupation/Transitional Own Occupation