

Disability Quote Form

Agent Name: Bosworth & Associates

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INSURED:

Name: _____

Date of Birth: _____

Address: _____

Occupation: (Specific Duties): _____

Gender: Male Female

Tobacco Use: Yes No

Height: _____ Weight: _____

Additional Medical History: _____

Base Benefits Disability Income Disability Buy-Out Overhead Expense

Definition of Disability (check one) Own Occupation Income Replacement

Benefit Amount: Specific Amount \$ _____ Maximum Available \$ _____

Annual Earned Income \$ _____

Existing Disability Income Coverage \$ _____ Employee Paid _____

Existing Long Term Disability Coverage \$ _____ Employee Paid _____

Waiting Period (check one) _30 60 90 180 360 720

Overhead: 30 60 90

Buy-Out: 12 Months 18 Months 24 Months

Benefit Period (check one): To Age 65/67 60 Months 24 Months

Overhead: 12 Months 18 Months 24 Months

Buy-Out: Lump Sum

Monthly (2 year, 3 year, 5 years)

Down Payment \$ _____ (2 year, 3 year, 5 year)

Mode of Payment(check one): Annual Semi-Annual Quarterly Monthly Draft

Employer Paid Premium _____

Employee Paid Premium _____