



Solutions For Life

# Basic Information Needed to Get A Disability Income Proposal

## Client Information

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Sex:  Male  Female State of Residence: \_\_\_\_\_ Smoker Status: \_\_\_\_\_

Occupation/Exact Job Duties: \_\_\_\_\_

Ownership/Type of Business: (Sole proprietor, Partnership, S-corp., C-corp.): \_\_\_\_\_

Health Concerns: (HT/Wt, Back & Neck Problem, Heart Disease, Stroke, Cancer, Mental and Nervous, etc.): \_\_\_\_\_

## Insurable Income

Salary (W-2):	
Average bonus/commissions:	
(Business Owners) Share of company profit (K-1):	
Company provided pension (401 k match, profit sharing etc...):	
<b>Total Income:</b>	
<b>Unearned Income:</b>	

## In-Force Disability Coverage

Individual or group LTD:	
Elimination period/benefit period	
Benefit amount (% or specified):	
Plan maximum:	
Premium paid by employer or insured:	

Comments: \_\_\_\_\_

Call Doug Borrell for more information ■ 800-695-2261

**SBG, Inc.** ■ 4800 Olson Memorial Hwy. #270, Golden Valley MN 55422 ■ Fax: 763-522-6251