

Specify Benefits Sold

Proposal No. _____

1. Class Descriptions: A _____ C _____
 B _____ D _____

2.

Benefits	Class	Life	AD&D	Short Term Disability	Intermediate/Long Term Disability
		% of Earnings _____ Benefit Max. \$ _____ Flat Amt. \$ _____	% of Earnings _____ Benefit Max. \$ _____ Flat Amt. \$ _____	Benefit % _____ Benefit Max. \$ _____ Flat Amt. \$ _____ Elim. Period _____ Benefit Period _____	Benefit % _____ Benefit Max. \$ _____ Flat Amt. \$ _____ Elim. Period _____ Benefit Period _____
		% of Earnings _____ Benefit Max. \$ _____ Flat Amt. \$ _____	% of Earnings _____ Benefit Max. \$ _____ Flat Amt. \$ _____	Benefit % _____ Benefit Max. \$ _____ Flat Amt. \$ _____ Elim. Period _____ Benefit Period _____	Benefit % _____ Benefit Max. \$ _____ Flat Amt. \$ _____ Elim. Period _____ Benefit Period _____
		% of Earnings _____ Benefit Max. \$ _____ Flat Amt. \$ _____	% of Earnings _____ Benefit Max. \$ _____ Flat Amt. \$ _____	Benefit % _____ Benefit Max. \$ _____ Flat Amt. \$ _____ Elim. Period _____ Benefit Period _____	Benefit % _____ Benefit Max. \$ _____ Flat Amt. \$ _____ Elim. Period _____ Benefit Period _____
		% of Earnings _____ Benefit Max. \$ _____ Flat Amt. \$ _____	% of Earnings _____ Benefit Max. \$ _____ Flat Amt. \$ _____	Benefit % _____ Benefit Max. \$ _____ Flat Amt. \$ _____ Elim. Period _____ Benefit Period _____	Benefit % _____ Benefit Max. \$ _____ Flat Amt. \$ _____ Elim. Period _____ Benefit Period _____
Rate		\$ _____	\$ _____	\$ _____	\$ _____

3. Miscellaneous: _____ Plan Administrator Name & Address _____

Billing Mode: Quarterly Monthly _____

IRS Employer Identification No. _____ (IRS assigned) _____

IRS Welfare Plan No. _____ (Employer assigned: required by IRS) _____

Policyholder Phone No. _____ - _____

BROKER DATA

FULL NAME (Please Print) _____ SS # _____

NAME OF BROKERAGE FIRM, AGENCY OR INSURANCE CO. YOU WORK FOR _____

ADDRESS _____

BUSINESS PHONE _____ AREA CODE _____

() _____

Are you licensed with us as a Broker? Yes No

If yes, what is your license #? _____

Indicate to whom commissions should be paid and any commissions split if applicable:

Name of Individual(s) or Firm (Please Print)	% Split
_____	_____
_____	_____
_____	_____