



**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
_____	_____
_____	_____
_____	_____