

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)

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