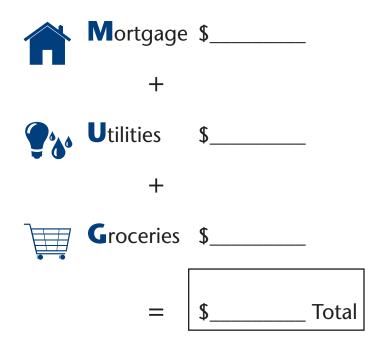


If you become sick or hurt and Totally Disabled, there's a way to help pay your basic monthly expenses.

**The M.U.G.** Plan from Illinois Mutual has you covered. With our individual disability income insurance policy, Personal Paycheck Power®, you have an income protection solution that provides a benefit to help pay your M.U.G.® expenses.



Illinois Mutual has returned **OVER \$113 MILLION** to policyowners with the Return of Premium Rider since 1972!\*

Disability income insurance if you need it, your money back if you don't!



## **Disability Income Insurance (DI)**

## **Quote Request Form**

Agent Name:	
Agent Phone: ()	
Agent Email:	
Client's Name:	Date of Birth:
☐ Male ☐ Female State in which application will be sign	
Height Weight Occupation:	
Is this a part time occupation? $\square$ Yes $\square$ No How mar	
·	ach duty):
Is the client a business owner/self employed? $\square$ Yes $\square$ No $\square$	f yes, how long? How many employees?
Monthly Income: \$ *Please note: Use net income if business owner and gross incor	me if W-2 employee and NO ownership
Does the client currently have any in force DI coverage (Individ	dual or Group)? 🗌 Yes 🔲 No
If yes, details of coverage:	
Does the client have any medical history such as arthritis, fibromyalgia, cancer, back/spine problems (including chiropractic treatments), limb/extremity or joint problems, heart or circulatory trouble, depression/anxiety, breathing or lung problems, diabetes, pregnancy/complications of pregnancy (including C-section) or had any major surgeries?	
Please list any medications this client is currently taking, along with the reasons why: (ex: Prozac or Lexapro, depression) (ex: Levothyroxine, thyroid deficiency) (ex: Lipitor®, high cholesterol)	
NEEDS ANALYSIS (Additional notes and special requests	can be submitted in an email or cover sheet)
☐ Please Quote Personal Paycheck Power®	☐ Please Quote Business Expense Power®
When determining how much individual DI coverage your client will need, consider all expenses he/she incurs on a monthly basis, including: mortgage/rent, utilities, groceries, car payments, auto insurance, home insurance, health insurance, life insurance, childcare/education needs, credit cards/other debt, spending money and other obligations.  TOTAL PERSONAL PAYCHECK POWER® NEEDS	Indicate the share of the total eligible monthly fixed business expenses your client needs to protect, including: lease or rent payments, utilities, office maintenance and repairs, billing and collection fees, depreciation, mortgage and loan interest, property and payroll taxes, property and liability insurance, employee salaries (except those of the insured, someone who replaces the insured, and any family member working less than 3 months), postage, professional
\$	service fees, dues and subscriptions.
Benefit Period: ☐ 6 Months ☐ 1 Year ☐ 2 Year ☐ 5 Year ☐ 10 Year ☐ Age 67	TOTAL BUSINESS EXPENSE POWER® NEEDS  \$  Benefit Period: □ 12 Months □ 18 Months □ 24 Months
Elimination Period: ☐ 30 Day ☐ 60 Day ☐ 90 Day ☐ 180 Day	Elimination Period:  □ 30 Day □ 60 Day □ 90 Day
Optional Riders:	Optional Riders:
	l L

Note: This information is for quoting our products. Your personal information is not released without your authorization unless permitted by law. We do not sell or rent your personal information.

Policy Form DI105, Disability Income Policy; Policy Form BE105, Business Expense Policy Policy Form 9266, Return of Premium Rider

Not available in AK, CA, DC, HI or NY. Coverage and availability may vary in other states.

For costs and details of coverage, limitations, exclusions and terms, contact Illinois Mutual.

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