

Disability Insurance Request

Customer Name _____

Company _____

Address _____

Telephone & Fax Numbers _____

E-Mail Address _____

Age/DOB _____ Occupation _____

Non-Smoker _____ Smoker _____

Medical Condition _____

Income _____

Benefit Amount \$ _____ 60% of Actual Income

Waiting Period 30 days 60 days 90 days

Benefit Period 2 year 5 year to age 65 prior to age 45

Other Coverage (Group, Short Term, Long Term, etc) _____

Riders

Residual

Automatic Increase (4%)

Cola 3% 6%

FIO \$ _____

Please e-mail to markb@ba-insurance.com or fax to 248-283-0251.