

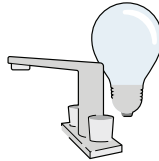
# Do You Have the M.U.G.<sup>®</sup> Plan?

The M.U.G.<sup>®</sup> Plan is powered by disability income insurance (DI) from Illinois Mutual. It replaces part of your paycheck when an income-interrupting illness or injury prevents you from working. For an additional cost, you can add the Return of Premium (ROP) rider to your M.U.G.<sup>®</sup> Plan. ROP offers income protection if you need it, cash back if you don't.

The monthly DI benefit can help you pay any expense you choose, including your M.U.G.<sup>®</sup> expenses:



**M**ortgage



**U**tilities



**G**roceries

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_

=

\$ \_\_\_\_\_ Total M.U.G.<sup>®</sup> Expenses

Ask your agent about the benefits of our Return of Premium (ROP) rider!

Contact me for more information.

# Disability Income Insurance (DI) Quote Request Form

Agent Name		Agent Code	
Agent Phone (        )		Agent Email	
<b>REQUIRED INFORMATION</b>			
Client's Name		Date of Birth	
<input type="checkbox"/> Male <input type="checkbox"/> Female	State in which application will be signed		Tobacco User? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation			
Annual Income \$ _____			
<i>*Please note: Use net income if business owner and gross income if W-2 employee and NO ownership.</i>			
<b>ADDITIONAL INFORMATION</b>			
Is the client's occupation a part time occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many hours per week does the client work?	
Description of Occupational Duties (include % of time doing each duty)			
Is the client a business owner/self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how long?	How many employees?
Does the client currently have any in force DI coverage (Individual or Group)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, details of coverage			
Client Height		Client Weight	
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)			
<b>NEEDS ANALYSIS (Additional notes and special requests can be submitted in an email or cover sheet)</b>			
<input type="checkbox"/> PLEASE QUOTE PERSONAL PAYCHECK POWER®		<input type="checkbox"/> PLEASE QUOTE BUSINESS EXPENSE POWER®	
TOTAL INDIVIDUAL DI NEEDS \$ _____		TOTAL BUSINESS EXPENSE NEEDS \$ _____	
Benefit Period: <input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Year <input type="checkbox"/> 5 Year <input type="checkbox"/> 10 Year <input type="checkbox"/> Age 67		Benefit Period: <input type="checkbox"/> 12 Months <input type="checkbox"/> 18 Months <input type="checkbox"/> 24 Months	
Elimination Period: <input type="checkbox"/> 30 Day <input type="checkbox"/> 60 Day <input type="checkbox"/> 90 Day <input type="checkbox"/> 180 Day		Elimination Period: <input type="checkbox"/> 30 Day <input type="checkbox"/> 60 Day <input type="checkbox"/> 90 Day	
Optional Riders to Quote: <input type="checkbox"/> Return of Premium (ROP) <input type="checkbox"/> Guaranteed Insurability Option (GIO) <input type="checkbox"/> Integrated Monthly Benefit <input type="checkbox"/> Residual Disability Benefit <input type="checkbox"/> Other: _____		Optional Riders to Quote: <input type="checkbox"/> ROP <input type="checkbox"/> GIO <input type="checkbox"/> Other: _____	

*Note: This information is for quoting our products. It is not an application. Your client's personal information is not released without their authorization unless permitted by law. We do not sell or rent your client's 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, NM or NY. Coverage and availability may vary in other states.*

*For costs and details of coverage, limitations, exclusions and terms, contact Illinois Mutual. If any discrepancies exist between this communication and the policy, the terms of the policy will control.*

