

Individual Disability Quote Request Form

Fax request to Harry Garman at 317-328-3462
E-mail hgarman@mwima.com or call 317-328-0800



Contact Information

Broker Name: _____
Date Proposal Needed: _____

Today's Date: ____/____/____

Proposed Insureds Name: _____

Address: _____

City, State: _____ Zip: _____

Occupation: _____

Earnings If Proposed Insured: \$ _____

Date of Birth: ____/____/____

Gender Male _____ Female _____

Smoker: Yes _____ No _____

Percentage of Income requested _____ 60% _____ 70% Specific Dollar Amount \$ _____

Disability Benefit Period Requested _____ 2yr _____ 5yr _____ Normal Retirement Age (SSNRA)

Disability Waiting Period before benefits begin: _____ 30 days _____ 60 Days _____ 90 Days _____ 180 Days _____ 1yr

Integration: With Social Security _____ Yes _____ No _____ Primary/Family