



**ILLINOIS MUTUAL<sup>®</sup>**  
Life Insurance Company

300 S.W. Adams Street Peoria, IL 61634  
Phone 309.674.8255

## Disability Insurance Quote Request

Client's Name: \_\_\_\_\_

State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female Tobacco:  Yes  No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Occupation: \_\_\_\_\_

\_\_\_\_\_ % of time spent conducting administrative/management duties

\_\_\_\_\_ % of time spent conducting manual duties

Self-employed:  Yes  No

Monthly Gross Income (Net income after expenses, if self-employed) \$ \_\_\_\_\_

Part-time occupation:  Yes  No If yes, please provide details:

Other DI in force?:  Yes  No If yes, provide amount, elimination period, benefit period, voluntary or employer paid: \_\_\_\_\_

Significant medical history:

Current or historical back/spine treatment:

Medications currently being taken (Note: name of medication and dosage):

Check:  GR21  NC21  BE21  SR21  SRBE21

Elimination Period: \_\_\_\_\_  Show 5% Discount

Benefit Period: \_\_\_\_\_

Benefit Amount: \_\_\_\_\_

Optional Benefits & Riders: \_\_\_\_\_

Comments/Instructions: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_

How would you like this proposal sent?  Mail  Fax  Email Please provide address, fax number or email address: \_\_\_\_\_