



ILLINOIS MUTUAL®
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: _____