



PROPOSAL REQUEST DISABILITY

Date: _____ Client Meeting Date: _____

AGENT INFORMATION

Name: _____

Phone: _____ Fax: _____

Email: _____

INSURED INFORMATION

Name: _____

Occupation: _____

DOB: _____ Gender: _____ Tobacco User: Yes No

State: _____ Annual Net Income: _____

ILLUSTRATION DETAILS

Policy Type: Individual Multi Life Overhead Expense GSI

Policy Term: Short Term Long Term Accidental/Sickness

Monthly Benefit: _____ Benefit Period: _____ Elimination Period: _____

Riders: _____

Multi-Life Discount / Association Discount: _____

ADDITIONAL INFORMATION

Return the completed form to wfphelp@wentworthfp.com

Call us with questions at (855) 757-5433