PETRA BENEFITS
FINANCIAL SERVICES, LP

Please Fax to:
281-357-8744

Disability Income Proposal Request Form

CLIENT INFORMATION: Circle one:

*Client Name:*_____ *MALE FEMALE*

*Date of Birth:*_____ *Tobacco Use:* Y / N *State Lives:*_____ *Works:*_____

*Occupation:*_____ *Title:*_____

*Duties:*_____

*Annual Salary: $*_____ *Bonus: $*_____ *Unearned: $*_____

Commissions: $ _____ *(Three Year Average)* *GOVERNMENT EMPLOYEE?* Y / N

INDEPENDENT CONTRACTOR, SELF-EMPLOYED, OR BUSINESS OWNER? Y / N

*NET INCOME: (AFTER EXPENSES) $*_____ *WORK FROM HOME?* Y / N

# of Years as Owner? _____ *(If less than 1 yr – Former Position:*_____ *Former Salary:*_____*)*

Circle one: *C- Corp S-Corp Partnership LLC* *# of Full Time Employees:* _____

INDIVIDUAL CASE DESIGN:

*Benefit Amount: $*_____*or MAX Premium Payer: Employer*_____*% Employee*_____*%*

Elimination Period(s): _____ *Benefit Period(s):* _____

*Options: Partial/Residual*_____ *Cost of Living* ____ *Future Purchase Rider:$*_____

*Automatic Increase:*_____ *Retirement Plan Deferral:$*_____

Other Requests: _____

BUSINESS OVERHEAD EXPENSE CASE DESIGN:

*Monthly Expenses:$*_____ *Elimination Period:*_____

*Benefit Period: 12 Months*____ *18 Months*_____ *24 Months*_____ *Show Alternatives*_____

Options: Partial/Residual: _____ *Future Purchase Option:* _____ *Professional Replacement:* _____

Inforce BOE Coverage Amount: _____ *Replacing?* Y /N

COVERAGE IN-FORCE: (check all that apply)

Individual: _____ *Group LTD:* _____ *Combination:* _____ *NONE*_____

GROUP LTD: Carrier: _____ *Replacement %*_____ *Benefit Maximum $*_____

*Premium Payer: Employer*_____*% Employee* _____*%*

Income Covered: Salary _____ *Overtime*_____ *Bonus*_____ *Commissions*_____ *Retirement Contrib.*_____

*Benefit Amount: $*_____ *Waiting Period:* _____ *Benefit Period:* _____

INDIVIDUAL DI: Carrier: _____ *Benefit Amount $*_____

Waiting Period: _____ *Benefit Period:*_____ *Taxable Benefits?* Y / N *Replacing?* Y / N

Health Problems (Past 5 yrs.), Taking Medications, Height / Weight? _____

_____

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