Mound

AGENCY OF OHIO, INC.
102 West Main St ♦ Shelby, OH 44875
Phone 800-537-5568
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Disability Income Quote Sheet

Agent: _____Fax: _____ Phone: _____ State: _____

Client Name: _____ Sex: Male or Female

Date of Birth: _____

Has the Proposed Insured ever used tobacco or nicotine-based products, or substitutes such as patches or gum?
Yes_____ No _____

If Yes, please list type _____ amount per day _____ last date of use _____/_____/_____

Occupation: _____ Industry: _____

Detailed Description of Duties: _____

Annual Salary: _____ Length of time at this position: _____

Self-Employed: Yes or No If Yes, how long: _____ If Yes, Owner of Business: Yes or No

Medical History: _____

Height: _____ ft. _____in. Weight: _____

Medications: _____

Current Coverage: Yes or No If Yes, Group or Individual Details: _____

**Monthly Benefit: _____ (*$500/month minimum)* **

Supplemental Income Rider (SSI) ***Base Amount _____*** ***SSI Amount _____***

Benefit Period: 1 YR 2 YR 5 YR TO AGE 65/67

Elimination Period: 30days 60days 90days 180days 365days

Payment Option: Annual Semi-Annual Quarterly Monthly

Revised 8/2017