

Income Protection Quote Request Form

Please return via email to quotes@truluma.com
 Quotes may also be requested online at truluma.com



A Simplicity Company
www.truluma.com | quotes@truluma.com

Seattle Corporate Office
 1702 N 34th St.
 Seattle, WA 98391
 206.633.2922

Before Use: Save file with applicant's name in filename. When complete, save file before returning via email

Advisor Information									
NAME			QUOTE NEEDED BY (MM/DD)		PHONE		EMAIL		
Client Information									
CLIENT NAME				GENDER (M/F)		DATE OF BIRTH (MM/DD/YYYY)		STATE OF RESIDENCE	
OCCUPATION				JOB DUTIES					
ANNUAL BASE INCOME \$		ANNUAL BONUS \$		LENGTH OF TIME WITH CURRENT EMPLOYER (YEARS / MONTHS)			COLLEGE DEGREE? NO YES, TYPE?		
BUSINESS OWNER NO YES				NUMBER OF YEARS IN BUSINESS		NUMBER OF EMPLOYEES		PERCENTAGE OF BUSINESS OWNERSHIP	
HEALTH HISTORY / Please list details below									
HEIGHT		WEIGHT		TOBACCO / NICOTINE USE IN THE LAST 12 MONTHS NO YES		MARIJUANA USER? NO YES		TIMES PER WEEK?	
DOES CLIENT HAVE ANY PHYSICAL, MENTAL, OR SUBSTANCE ABUSE DISORDERS? NO YES				IN THE LAST 5 YEARS, HAS THE CLIENT RECEIVED TREATMENT BY A PHYSICIAN, CHIROPRACTOR AND/OR MENTAL HEALTH PROFESSIONAL? NO YES					
IF PREVIOUS QUESTIONS WERE ANSWERED "YES", PLEASE PROVIDE DETAILS HERE (INCLUDE, DATES, DIAGNOSIS, TREATMENT)									
IS CLIENT TAKING ANY MEDICATION? NO YES, LIST MED(S) AND REASON(S) FOR USE:									
In-force Coverage Details									
GROUP LTD IN FORCE NO YES				INDIVIDUAL DI IN-FORCE NO YES					
PERCENTAGE OF INCOME COVERED?			MONTHLY BENEFIT CAP?		MONTHLY AMOUNT				
INCOME COVERED		BASE ONLY		BASE + BONUS		ELIMINATION PERIOD			
ELIMINATION PERIOD					BENEFIT PERIOD				
BENEFIT PERIOD				REPLACING POLICY? NO YES					
Individual Income Protection Design					BOE Protection Design				
MAXIMUM OR SPECIFIC BENEFIT AMOUNT		ELIMINATION PERIOD*			MONTHLY BENEFIT AMOUNT		ELIMINATION PERIOD*		
		30 DAY	60 DAY	90 DAY			30 DAY	60 DAY	90 DAY
		180 DAY	365 DAY						
BENEFIT PERIOD*		BENEFIT RIDERS*			BENEFIT PERIOD*		BENEFIT RIDERS*		
6 month	1 YR	RESIDUAL	OWN OCC		12 MONTHS	RESIDUAL			
2 YR	5 YR	NON-CAN	FUTURE PURCHASE		18 MONTHS	FUTURE PURCHASE			
10 YR	TO AGE 65	COLA	CATASTROPHIC		24 MONTHS	RETURN OF PREMIUM			
TO AGE 67	TO AGE 70	STUDENT LOAN REPAYMENT	RETURN OF PREMUM			PROFESSIONAL REPLACEMENT			
		SOCIAL OFFSET				LOAN PROTECTION			
						LENGTH OF LOAN			
						LOAN PAYMENT			
Additional Details									
ARE THERE ANY ADDITIONAL DETAILS THAT COULD IMPACT THIS CASE?									

*Not all Elimination Periods, Benefit Periods or Benefit Riders are available with all carriers