ILLINOIS MUTUAL®
Life Insurance Company

BUSINESS EXPENSE
DI NEEDS
Calculator Worksheet

How far does your income have to go?

Take a minute to determine the total monthly business expenses your revenue has to cover.

Lease or Rent Payments	$_____
Utilities – electricity, telephone, gas, water	_____
Depreciation	_____
Office Maintenance and Repairs	_____
Billing and Collection Fees	_____
Mortgage and Loan Interest	_____
Property and Payroll Taxes	_____
Property and Liability Insurance	_____
Postage	_____
Professional Service Fees	_____
Dues and Subscriptions	_____
Employee Salaries (except those of the insured, someone who replaces the insured, and any family member working less than 3 months)	_____
Total Monthly Business Expenses*	$_____
Monthly Net Income	$_____

*In selecting coverage amounts, you should review other in force disability coverages, which may be offset or reduced by any benefits that you may receive under this policy.

Help protect your business and your financial future with Business Expense Power® business expense disability income insurance (DI) from Illinois Mutual.

Policy Form BE105, Business Expense Policy

Not available in AK, CA, DC, HI or NY. Coverage and availability may vary in other states.

For costs and details of coverage, limitations, exclusions and terms, contact your agent or Illinois Mutual.

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ILLINOIS MUTUAL®

Disability Income Insurance (DI)
Quote Request Form

Agent Name: _____

Agent Phone: (_____) _____

Agent Email: _____

Client's Name: _____ Date of Birth: _____

☐ Male ☐ Female State in which application will be signed: _____ Tobacco User? ☐ Yes ☐ No

Height _____ Weight _____ Occupation: _____

Is this a part time occupation? ☐ Yes ☐ No How many hours per week does the client work? _____

Description of Occupational Duties (include % of time doing each duty): _____

_____

Is the client a business owner/self employed? ☐ Yes ☐ No If yes, how long? _____ How many employees? _____

Monthly Income: $ _____

*Please note: Use net income if business owner and gross income if W-2 employee and NO ownership

Does the client currently have any in force DI coverage (Individual or Group)? ☐ Yes ☐ No

If yes, details of coverage: _____

Does the client have any medical history such as arthritis, fibromyalgia, cancer, back/spine problems (including chiropractic treatments), limb/extremity or joint problems, heart or circulatory trouble, depression/anxiety, breathing or lung problems, diabetes, pregnancy/complications of pregnancy (including C-section) or had any major surgeries?

_____

_____

Please list any medications this client is currently taking, along with the reasons why:
(ex: Prozac or Lexapro, depression) (ex: Levothyroxine, thyroid deficiency) (ex: Lipitor®, high cholesterol)

_____

_____

NEEDS ANALYSIS (Additional notes and special requests can be submitted in an email or cover sheet)

☐ **Please Quote Personal Paycheck Power®**

When determining how much individual DI coverage your client will need, consider all expenses he/she incurs on a monthly basis, including: mortgage/rent, utilities, groceries, car payments, auto insurance, home insurance, health insurance, life insurance, childcare/education needs, credit cards/other debt, spending money and other obligations.

TOTAL PERSONAL PAYCHECK POWER® NEEDS
$ _____

Benefit Period:
☐ 6 Months ☐ 1 Year ☐ 2 Year
☐ 5 Year ☐ 10 Year ☐ Age 67

Elimination Period:
☐ 30 Day ☐ 60 Day ☐ 90 Day ☐ 180 Day

Optional Riders: _____

☐ **Please Quote Business Expense Power®**

Indicate the share of the total eligible monthly fixed business expenses your client needs to protect, including: lease or rent payments, utilities, office maintenance and repairs, billing and collection fees, depreciation, mortgage and loan interest, property and payroll taxes, property and liability insurance, employee salaries (except those of the insured, someone who replaces the insured, and any family member working less than 3 months), postage, professional service fees, dues and subscriptions.

TOTAL BUSINESS EXPENSE POWER® NEEDS
$ _____

Benefit Period: ☐ 12 Months ☐ 18 Months ☐ 24 Months

Elimination Period:
☐ 30 Day ☐ 60 Day ☐ 90 Day

Optional Riders: _____

Note: This information is for quoting our products. Your personal information is not released without your authorization unless permitted by law. We do not sell or rent your personal information.

Policy Form DI105, Disability Income Policy; Policy Form BE105, Business Expense Policy

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