Income Protection Quote Request Form

Please return via email to:
DI.Support@simplicitygroup.com

VISIO WEALTH PARTNERS
Visio Insurance Partners

Advisor Information

NAME	BROKER DEALER	PHONE	EMAIL

Client Information

CLIENT NAME	GENDER (M/F)	DATE OF BIRTH	STATE OF RESIDENCE

OCCUPATION	JOB DUTIES	EMPLOYER

ANNUAL BASE INCOME $	ANNUAL BONUS $	LENGTH OF TIME WITH CURRENT EMPLOYER (YEARS / MONTHS)	COLLEGE DEGREE? ◯ NO ◯ YES, TYPE?
ANNUAL COMMISSIONS $	ANNUAL RSU's $		

BUSINESS OWNER ◯ NO ◯ YES	# OF YEARS IN BUSINESS	# OF EMPLOYEES	% 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

IF YES, LIST MED(S) AND REASON(S) FOR USE:

HAVE THERE BEEN ANY CHANGES IN TYPES OR DOSAGES OF MEDICATIONS IN THE LAST 12 MONTHS? ◯ NO ◯ YES

IF YES, PLEASE PROVIDE DETAILS:

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 (CHECK ALL THAT APPLY) ☐ BASE ONLY ☐ BASE + BONUS ☐ COMMISSIONS ☐ RSU's	ELIMINATION PERIOD / BENEFIT PERIOD
ELIMINATION PERIOD / BENEFIT PERIOD	REPLACING POLICY? ◯ NO ◯ YES

Individual Income Protection Design

MAXIMUM OR SPECIFIC BENEFIT AMOUNT

ELIMINATION PERIOD*
◯ 30 DAY ◯ 60 DAY ◯ 90 DAY ◯ 180 DAY ◯ 365 DAY

BENEFIT PERIOD*
◯ 6 MONTH ◯ 1 YR ◯ 2 YR ◯ 5 YR ◯ 10 YR ◯ TO AGE 65 ◯ TO AGE 67 ◯ TO AGE 70

BENEFIT RIDERS*
☐ RESIDUAL ☐ OWN OCC ☐ NON-CAN ☐ FUTURE PURCHASE ☐ COLA ☐ CATASTROPHIC ☐ SOCIAL OFFSET ☐ RETURN OF PREMUM ☐ STUDENT LOAN REPAYMENT

BOE Protection Design

MONTHLY BENEFIT AMOUNT

ELIMINATION PERIOD*
◯ 30 DAY ◯ 60 DAY ◯ 90 DAY

BENEFIT PERIOD*
◯ 12 MONTHS ◯ 18 MONTHS ◯ 24 MONTHS

BENEFIT RIDERS*
☐ RESIDUAL ☐ FUTURE PURCHASE ☐ RETURN OF PREMIUM ☐ PROFESSIONAL REPLACEMENT ☐ 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