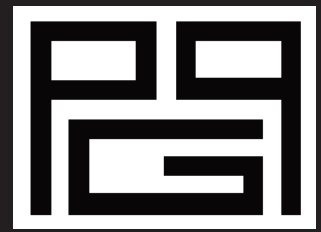


PROFESSIONAL GROUP PLANS  
GENERAL AGENT  
*Specializing in Employee Benefits*



LONG TERM DISABILITY  
SMALL GROUP PROPOSAL REQUEST SHEET

Current Carrier: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

Waiting Period:            90 Days            or            180 Days

Monthly Benefit: \_\_\_\_\_ %to\$ \_\_\_\_\_

Own Occ Definition:

2 Years                            5 Years                            to Age 65

Pre Existing: \_\_\_\_\_

Current Rate: \_\_\_\_\_ per \$100

Renewal Rate: \_\_\_\_\_ per \$100

Noncontributory \_\_\_\_\_ Contributory \_\_\_\_\_ Voluntary \_\_\_\_\_