

Tavener Agency Individual Proposal Request

1 YOUR INFORMATION:

Name: _____ Date: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

DRG Rep _____

2 CLIENT INFORMATION:

Client Name: _____ MALE FEMALE

Date of Birth: _____ Tobacco Use: Yes No State Lives: _____ Works: _____

Occupation: _____ Title: _____

Duties: _____

Annual Salary: \$ _____ Bonus: \$ _____ Unearned: \$ _____

If in Sales: Salary/Commissions: \$ _____ / _____ (Three Year Average)

GOVERNMENT EMPLOYEE? Yes No

**INDEPENDENT CONTRACTOR,
SELF-EMPLOYED, OR BUSINESS OWNER?** Yes No (if yes, complete information below)

NET INCOME: (AFTER EXPENSES) \$ _____ WORKS FROM HOME? Yes No

Of Years As Owner? _____

If Less Than 1 Full Year - Former Position /Duties: _____

_____ Former Salary: \$ _____

Check one: C-Corp S-Corp Partnership LLC # of Full Time Employees: _____

3 INDIVIDUAL CASE DESIGN:

Benefit Amount: \$ _____ or MAX Premium Payer: Employer _____% Employee _____%

Elimination Period(s): _____ Benefit Period(s): _____

Options: Partial/Residual Cost of Living Future Purchase Rider: \$ _____

Automatic Increase: _____ Retirement Plan Deferral: \$ _____

Other Requests: _____

4 COVERAGE IN-FORCE: *(check all that apply)*

Individual Group LTD Combination NONE

GROUP LTD: Carrier: _____ Replacement % _____ Benefit Maximum \$ _____

Premium Payer: Employer _____ % Employee _____ %

Income Covered: Salary Overtime Bonus Commissions Retirement Contrib.

Benefit Amount: \$ _____ Waiting Period: _____ Benefit Period: _____

INDIVIDUAL DI: Carrier: _____ Benefit Amount \$ _____

Waiting Period: _____ Benefit Period: _____

Taxable Benefits? Yes No Replacing? Yes No

5 HEALTH INFORMATION:

Health Problems (Past 5 yrs.), Taking Medications, Height / Weight? _____

6 BACKGROUND:

Is there competition on the case? _____

7 BUSINESS OVERHEAD EXPENSE/LOAN PROTECTION:

Monthly Expenses: \$ _____ Elimination Period: _____ Benefit Period: _____

In Force Business Overhead Expense Amount: \$ _____ Replacing? Yes No

Loan Protection: Total Loan Amount: \$ _____ Monthly Payment: \$ _____

Start Date of Loan: _____ (Month/Year) Termination Date: _____ (Month/Year)



TAVENNER AGENCY
Since 1940

EMAIL to: tom@tavgroup.net or FAX back to 866-271-8172

Please contact us if you should have any questions.

800-543-6922