

DISCOUNTED DISABILITY INSURANCE PROGRAM FOR KBA MEMBERS AGE 60 AND UNDER

****Quote Request Information****

Personal Information:

1. Name: _____

Date of Birth: _____

Kansas Bar Association Member ID Number*: _____

E-mail address: _____

**This is your KBA number, not your Kansas Supreme Court number*

2) Have you smoked a cigarette or used a nicotine patch/gum/inhaler in the past 12 months? Yes No

3) In the past 6 months have you:

- | | | |
|--|-----|----|
| • Missed 3 consecutive days of work due to medical reasons | Yes | No |
| • Been partially disabled (you are restricted from any activities) | Yes | No |
| • Been hospitalized | Yes | No |
| • Been homebound | Yes | No |
| • Collected disability benefits | Yes | No |

4) How much Disability Income coverage do you currently have in-force? _____

- Do you pay for it yourself or does the business pay for it? _____

5) What is your Net Income (Gross Revenue minus business expenses) **plus** any W2 income **plus** employer pension contributions? _____

Please answer the following questions for each product that you are interested in seeing a quote and program summary for.

Disability Income Insurance:

1) What elimination period would you like -- 90 or 180 days?

2) What benefit period would you like -- to Age 65 or 5 years?

**** You will be quoted the maximum Association Simplified Issue benefit available to you, using your Net Income minus in-force coverage, unless you would like to look at a lower amount (\$1,000 minimum).**

DI Retirement Security:

1) How much monthly DI Retirement Security Benefit would you like quoted? The maximum benefit is 15% of your net income not to exceed \$3,725 per month, minimum of \$1,000.

2) What elimination period would you like -- 180 or 365 days?

3) What benefit period would you like -- to Age 65 or to Age 67?

4) How much DI Retirement Security Coverage do you have in-force?

Overhead Expense Insurance:

1) How much Overhead Expense Insurance coverage do you currently have in-force?

2) Based on your total monthly fixed overhead, how much monthly benefit would you like quoted (must not exceed monthly fixed overhead -- Association Simplified Issue quotes range from \$2,500 - \$5,000)?

** You may apply for less than the \$2,500 minimum if you are also applying for Disability Income coverage.

You may fax (406) 922-0017, e-mail to: sfletcher@gotodsi.com, or call DSI directly at 888-279-8348 and identify yourself as an active Kansas Bar Association member.