



Income Protection Proposal Request

In order to receive a proposal as to the benefits available to you and the costs associated with these benefits, please complete the following information and return it to the name and address below.

Name: _____ Client's DOB: _____

State: _____

Occupation: _____

Annual Salary: _____

How Much Other Disability Insurance do you have currently in force: _____

Comments regarding any health issues you have or other underwriting consideration issues _____

Return this form completed to:

Angela Mitchell
angela.mitchell@willis.com
(301) 692-3032
(800) 456-3162