Income Protection Quote Request Form

Please return via email to quotes@truluma.com or fax to 206.632.3838

Quotes may also be requested online at truluma.com

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Seattle Corporate Office
1702 N. 34th Street
Seattle, WA 98103
877.455.9580

Before Use: ***Save file with applicant's name in filename****. When complete, save file before returning via email.*

Advisor Information

NAME	QUOTE NEEDED BY (DD/MM/YY)	SEND VIA ☐FAX ☐EMAIL
EMAIL	PHONE	FAX

Client Information

$ ANNUAL PREMIUM BUDGET	PREMIUM PAID BY ☐CLIENT ☐EMPLOYER	QUOTE TO BE PRESENTED TO CLIENT ON (DD/MM/YY)	
CLIENT NAME		DATE OF BIRTH (DD/MM/YYYY)	STATE OF RESIDENCE

OCCUPATION	$ TOTAL ANNUAL INCOME (NET INCOME IF SELF-EMPLOYED)	Choose.. GENDER (M/F)	FT IN HEIGHT (FT/IN)	WEIGHT (LBS)

COLLEGE DEGREE? ☐NO ☐YES, TYPE:_____	LENGTH OF TIME WITH CURRENT EMPLOYER (YEARS/MONTHS)	IF SELF-EMPLOYED, FOR HOW LONG? (YEARS/MONTHS)

EXACT OCCUPATIONAL DUTIES	BUSINESS OWNER? ☐ YES ☐ NO	NUMBER OF EMPLOYEES
	PERCENTAGE OF BUSINESS OWNERSHIP	NUMBER OF YEARS IN BUSINESS

MARIJUANA USER? ☐YES ☐NO	# OF TIMES MARIJUANA IS USED PER WEEK:	TOBACCO/NICOTINE USE IN LAST 12 MONTHS? ☐YES ☐NO

DOES CLIENT HAVE HISTORY OF ANY PHYSICAL, MENTAL, OR SUBSTANCE ABUSE DISORDERS? ☐YES ☐NO	IN THE LAST 5 YEARS, HAS CLIENT BEEN UNDER THE CARE OF A PHYSICIAN, CHIROPRACTOR, AND/OR MENTAL HEALTH PROFESSIONAL? ☐YES ☐NO

IS CLIENT CURRENTLY TAKING MEDICATIONS?
☐NO ☐YES, LIST MED(S) AND REASON(S) FOR USE:

Inforce Coverage Details

GROUP LTD IN FORCE? ☐YES ☐NO	INDIVIDUAL DI IN FORCE? ☐YES ☐NO
MONTHLY AMOUNT:	MONTHLY AMOUNT:
BENEFIT PERIOD:	BENEFIT PERIOD:
ELIMINATION PERIOD:	ELIMINATION PERIOD:
REPLACING POLICY? ☐YES ☐NO	REPLACING POLICY? ☐YES ☐NO

Individual Income Protection Design

MAXIMUM OR SPECIFIC BENEFIT:	BENEFIT PERIOD* ☐ 2 YR ☐ 5 YR ☐ 10 YR ☐ to Age 67 ☐ to Age 70 ☐ Other: _____
ELIMINATION PERIOD*	☐30 DAY ☐60 DAY ☐90 DAY ☐180 DAY ☐365 DAY ☐730 DAY
BENEFIT RIDERS	☐RESIDUAL ☐SOCIAL OFFSET ☐COLA ☐NON-CANCELABLE ☐FUTURE PURCHASE OPTION ☐OWN-OCCUPATION ☐CATASTROPHIC BENEFIT

BOE Protection Design

MONTHLY BENEFIT AMOUNT/PERCENT:	BENEFIT PERIOD* ☐12 MOS ☐18 MOS ☐24 MOS
WAITING PERIOD*	☐30 DAY ☐60 DAY ☐90 DAY
BENEFIT RIDERS	☐RESIDUAL ☐FUTURE PURCHASE OPTION ☐RETURN OF PREMIUM

**Waiting Periods and Benefit Periods vary by Carrier*