



9. Contributions: Employer will contribute: 100% Other _____

10. Billing and Administration of Plan shall be:

- Standard(list bill)
 - Self-Administered (short bill premium remittance)
 - Third Party Administrator (complete agreement and enclose)
 - Other – Explain _____

11. Enrollment Cards:

- _____ (number) enrollment card are enclosed for all employees covered on the effective date of policy.
- _____ (number) available enrollment cards are enclosed. Attached is a list of all those for who enrollment cards are still outstanding. This list includes, by individual, name, date of birth, Social Security number, salary, occupation and reason for delay and anticipated date for enrollment card submission.

12. It is further understood and agreed that:

- 1) If a person is not actively at work on the day prior to the date when he would otherwise become insured, the effective date of such person's insurance shall be the date of his return to active full-time employment and resumes all of his normal duties.
- 2) No agent has the authority to change the Policy or waive any provision.
- 3) The person responsible for purchasing insurance has agreed to buy the plan of benefits outlined in the attached proposal, and has paid the approximate first monthly premium and has provided the information shown.
- 4) It is understood that this protection is subject to the approval of Fort Dearborn Life at its Home Office, and that nothing contained herein shall be binding upon Fort Dearborn Life until this insurance is approved and accepted by Fort Dearborn Life.

13. Benefits Sold (Complete the following or submit Copy of Proposal)

_____ % of Basic Monthly Earning, not to exceed a maximum monthly benefit of \$ _____

Integration:

- Primary and Family
- Primary and Family with 70% all sources
- Primary
- Backdoor integration

Elimination Period:

- 180 days
- 90 days
- 30 days
- Other _____

Benefit Duration:

- Reducing Benefit Duration (ADEA age 65)
- Social Security Normal Retirement Age (SSNRA)
- 2 years or to age 70
- 5 years or to age 70
- 65/5/70
- Other _____

Pre-existing Exclusion:

- 12/6/24
- 3/6/12
- 5 day/30
- 12/12
- Other _____



Minimum Benefit:

- \$50
- \$50 or 10%
- \$100
- \$100 or 10%
- 11%

Mental & Nervous Limitation:

- Yes
- No

Substance Abuse Limitation:

- Yes
- No

Partial Disability:

- Partial only
- 36 months
- Unlimited (85%)
- Progressive Partial [Residual]
- Increased First Year Partial Disability Benefit [Residual]
- Edge
- Edge 1

Survivor Benefit:

- 3 months
- One Year
- Two Years

Own Occupation Definition:

- 60 month \$30,000 +
- 60 month – All
- 36 month
- 24 month
- Extensive Own-Occ (65) \$60,000+
- Extensive Own-Occ (65) - All

Optional Provision:

- Cost Containment.
- COLA to age 65 _____ 3% _____ 4%
- COLA 5 year _____ 3% _____ 4%
- COLA 10 year _____ 3% _____ 4%
- Minimum Indemnity
- Lifetime Accident

14. Amount of premium submitted with this form \$ _____.

15. Signatures:

_____ _____ _____
 Signature of Employer Title Date

_____ _____ _____
 Signature of Sales Representative District Date

16. Broker's Commission Payable:

Agent Yes No _____ amount
 Agent's Firm Yes No _____ amount

_____ _____
 Broker's Full Name License No.

_____ _____ _____ _____ _____
 Tax ID No. Street City State Zip

Please enclose a copy of the Agent's or Firm's License. Commissions will not be paid until all required data is received.