

# Individual, Non-cancellable Disability Income Proposal Request Form

Please print or type all answers to the questions asked.

This form is for proposal use only. An application is required for coverage, subject to insurance review.

CA License Number: 0652783



1. Name: \_\_\_\_\_

2. ADA/CDA Number: \_\_\_\_\_

2. Address (Street, City, State, Zip): \_\_\_\_\_

4. Phone (include area code): \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

5. E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

6. Date of birth: (month/day/year): \_\_\_\_\_

7. Are you a smoker?  Yes  No

8. Gender: Male  Female

9. Are you incorporated?  Yes  No

10. Current Net Income: \$ \_\_\_\_\_

11. Do you already have a personal disability policy?  Yes  No (If yes, please state amount) \$ \_\_\_\_\_

## Additional information

12.  I am also interested in The Guardian ProVider Plus, underwritten by The Guardian Life Insurance Company of America, New York, NY.

13.  I am also interested in CDA-recommended Group Disability Income Insurance, underwritten by The United States Life Insurance Company in the City of New York, a member company of American International Group, Inc.

14.  Send me more information about additional CDA-recommended Insurance Plans.

For a no-obligation quote, please fax your completed Proposal Request Form to TDIC Insurance Solutions at **916.498.6104**.

Mail to: **TDIC Insurance Solutions**  
**PO Box 1582**  
**Sacramento, CA 95812-1582**