1 Advisor Information

Who is submitting this case and how should we reach you?

ADVISOR NAME

FIRM / AFFILIATION

EMAIL

PHONE

PREFERRED CONTACT METHOD
Email

NEEDED BY (DATE)

2 Proposed Insured / Annuitant

Primary client information

FIRST NAME

LAST NAME

DATE OF BIRTH

GENDER
Male

STATE OF RESIDENCE

TOBACCO USE
Never

ESTIMATED HEALTH CLASS
Best estimate based on profile

ARE YOU LICENSED IN THE CLIENT'S STATE OF RESIDENCE?
Yes - currently licensed and appointed

CARRIER APPOINTMENTS IN THAT STATE (LIST IF HELPFUL)

HEIGHT (E.G., 5'10)

WEIGHT (LBS)

ANNUAL INCOME

NET WORTH (APPROX.)

OCCUPATION

3 Product Requested

Check all that apply - we will design accordingly

- Term Life
- Universal Life / GUL
- Whole Life
- Final Expense
- LTC Hybrid (Life-Based)
- Disability Income (DI)
- Indexed Universal Life (IUL)
- Variable UL (VUL)
- Survivorship / Second-to-Die
- Life with LTC / Chronic Illness Rider
- Traditional LTC

4 Life Insurance Design

Complete this section if requesting a life insurance solution

PRIMARY PURPOSE
Income Replacement / Family Protection

DEATH BENEFIT AMOUNT

DEATH BENEFIT OPTION (UL/IUL/VUL)
N/A - not applicable

FUNDING APPROACH
Solve for premium given DB

TARGET ANNUAL PREMIUM

TERM LENGTH (IF TERM)
N/A

PAY PERIOD
To age 100/121

CONVERSION IMPORTANT?
Not a priority

INCOME DISTRIBUTION PLANNING?
No - protection only

INCOME DURATION
N/A

Riders to Include / Quote

- Waiver of Premium
- Chronic Illness Rider
- Critical Illness Rider
- Disability Income Rider
- Children's Term Rider
- Accelerated Death Benefit (Terminal)
- Long-Term Care Rider
- Overloan Protection
- Return of Premium
- Other (see notes)

5 Long-Term Care Insurance

Complete if requesting Hybrid LTC or Traditional LTC

LTC COVERAGE TYPE
N/A - not requested

COVERAGE STRUCTURE
Single Life

MONTHLY BENEFIT TARGET

BENEFIT PERIOD
2 years

ELIMINATION PERIOD
0 days

PAYMENT TYPE
Reimbursement

INFLATION PROTECTION
None / Level Benefit

PREMIUM FUNDING
Single Pay (1035 or cash)

EXISTING LTC COVERAGE?
No existing coverage

TARGET PREMIUM / LUMP SUM

LTC NOTES (MEDICAL/COGNITIVE CONSIDERATIONS, FAMILY HISTORY, TIMING)

6 Individual Disability Income (IDI)

Personal income protection - primary coverage

OCCUPATION / DUTIES

ANNUAL EARNED INCOME

TOBACCO: Nonsmoker

MONTHLY BENEFIT: Maximum issue & particip

IF SPECIFIED ($/MO)

ELIMINATION PERIOD: 60 days

BENEFIT PERIOD: 2 years

PREMIUM TAX TREATMENT: Personally paid (benefits tax-free)

DI RETIREMENT SECURITY?: Not requested

IDI Riders Wanted

True Own Occupation	Residual & Recovery	Catastrophic Disability
Capital Sum	Death Benefit	Supplemental Health Benefit
Annual Increase Rider	Maximize Your Benefit	
COLA 3%	COLA 6%	Mental/Nervous & Sub. Abuse Limitation

Existing Group LTD Coverage

GROUP LTD PAYER: No group coverage

COVERAGE AMOUNT (% OR $)

GROUP EP

GROUP BP

Existing Individual DI (if any)

MONTHLY BENEFIT

CARRIER

EXISTING EP

EXISTING BP

7 Business DI Coverage (if applicable)

Check any that apply and provide details in notes / additional pages

Business Overhead Expense (BOE)	Business Loan Protection
Key-Person DI	Disability Buy-Out

BUSINESS DI DETAILS (MONTHLY EXPENSES, LOAN AMOUNT/TERM, BUSINESS VALUE, OWNERSHIP %, KEY EMPLOYEE INFO)

8 Carrier & Solution Preferences

Any specific carriers, exclusions, or competing quotes to beat?

PREFERRED CARRIERS (IF ANY)

COMPETING QUOTE TO BEAT (CARRIER / PRODUCT / PREMIUM / DB)

SIGNIFICANT HEALTH ISSUES TO DISCLOSE?

No - no significant health issues

IF YES - PLEASE EXPLAIN

MEDICAL HISTORY & UNDERWRITING CONSIDERATIONS

ADDITIONAL NOTES FOR CASE DESIGN

Submit Your Request

Click "Submit to Case Design" to open your email client with this form attached.
If your reader does not support email submit, click "Save & Email Manually" and attach the saved PDF.

SUBMIT TO CASE DESIGN | **SAVE & EMAIL MANUALLY**

Manual fallback: save this PDF, then email the saved copy to casedesign@gdpmail.com (CC sshea@gdpmail.com).

Questions on this case? Call Lee Goss directly at (919) 200-4485