



**Lincoln Mutual**  
Life & Casualty Insurance Company

4510 13th Avenue South • P.O. Box 1918 • Fargo, North Dakota 58107-1918  
Toll-free 1-800-233-6050

**PROPOSAL REQUEST FORM**  
(Life/AD&D STD LTD)

Prospect Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Nature of Business \_\_\_\_\_ Number of Employees \_\_\_\_\_

Date Requested \_\_\_\_\_ Date Needed \_\_\_\_\_

Requested Effective Date \_\_\_\_\_ Representative \_\_\_\_\_

Current benefits through agent:

Health       Life & AD&D       STD       LTD

# of years relationship with client \_\_\_\_\_

Comments:

**Bold items are standard core benefits.**

Include Census with Proposal Request.

Census must include: name, date of birth, gender, salary & occupation

***Life/AD&D***

*New Plan:*

Yes       No      If No, please attach copy of current benefit information.

Current Carrier \_\_\_\_\_

Current Rate \_\_\_\_\_ Renewal Rate \_\_\_\_\_

*Eligible Employees:*

Life Amount: \_\_\_\_\_ AD&D Amount: \_\_\_\_\_

Maximum Benefit: *(If multiple of salary, maximum benefit)* \_\_\_\_\_

Class 1 \_\_\_\_\_  Class 2 \_\_\_\_\_

*Dependent Life:*

Spouse       Yes       No

Child(ren)       Yes       No      Infant       Yes       No

*(+6 months of age)*

*(14 days – 6 mo)*

*Reduction:*

**Standard**       Other \_\_\_\_\_

*Employee Contribution:*

Life       0%       50%       100%       Other \_\_\_\_\_

Dep. Life       0%       50%       100%       Other \_\_\_\_\_

**STD**

New Plan:

Yes  No If No, please attach copy of current benefit information.

Monthly Benefit %: \_\_\_\_\_ Maximum Benefit: \_\_\_\_\_

(60% or 66 2/3%)

Current Carrier \_\_\_\_\_ SIC Code \_\_\_\_\_

Current Rate \_\_\_\_\_ Renewal Rate \_\_\_\_\_

Occupational:

Yes  No

First Day Hospital:

Yes  No

Please Check Benefit:

Accident/Sickness/Weeks

1-8-13  8-8-13  14-14-13  Other \_\_\_\_\_

1-8-26  8-8-26  14-14-26

**LTD**

New Plan:

Yes  No If No, please attach copy of current benefit information.

Current Carrier \_\_\_\_\_ SIC Code \_\_\_\_\_

Current Rate \_\_\_\_\_ Renewal Rate \_\_\_\_\_

Elimination Period:

60  90  180  360  Other \_\_\_\_\_

Percentage of Salary:

50%  60%  66 2/3%  70%

Benefits Period:

2 years  5 years  To age 65(RBD)  To age 70  SSNRA

Benefit Maximum:

\$6000  Other \_\_\_\_\_

Minimum Benefit:

\$50.00  \$100.00 or 10%

Pre-existing Conditions:

12/6/24  3/6/12  3/12  5 day  Other \_\_\_\_\_

Own Occupation:

2 year  3 year  Extensive  
 Partial or  Residual

Integration w/Social Security:

Family  Primary

Employee Contribution:

0%  50%  Other \_\_\_\_\_

Other Income Sources:

Bonus\*  Overtime\*  Commission\* (\*Must be included on census)

BAE (Base Annual Earnings)  Other \_\_\_\_\_

Optional Benefits Requested:

COLA — Escalation Benefit \_\_\_\_\_% (varies 1-3%)

5 Adjustments  Maximum Payment Duration

EAP —  Standard  Face to Face (3 visits)

Other \_\_\_\_\_

\*\*100 or more lives for STD or 300 or more lives for LTD must also include paid premium and paid claims by policy year. Rate history by policy year. Open claims data for each claimant, date of birth or age at disability, date of disability, monthly LTD benefit (net of offsets), and if available, occupation, nature of disability, and Social Security offset.