

## GRADED BENEFIT DISABILITY SYNOPSIS FORM

To: INNRE Underwriters, Inc.

Fill out online and e-mail to INNRE or fax to 847-768-5847.

INNRE Phone number: 800-221-4059

<b>Agent Name</b>	<b>Date</b>

<b>Agent e-mail address</b>	<b>Agent Phone Number</b>

<b>Client Name</b>	<b>Case Number, if known</b>

<b>Sex</b>	<b>DOB</b>	<b>Ht</b>	<b>Wt</b>	<b>State</b>

**Occupation (provide duties below if necessary)**


<b>Monthly Income</b>	<b>OR</b>	<b>Annual Income</b>

<b>Original Plan</b>	<b>Benefit Period</b>	<b>Elimination Period</b>

<b>Health Conditions</b>	<b>Dates</b>

**Medications**


**Additional Comments**


**To be completed by INNRE Underwriters, Inc**

**Will be considered for:**


<b>Underwriter</b>	<b>Date</b>

*This evaluation is based upon the information noted and is subject to full underwriting review.*