



### CAP Disability and Term Life Insurance Program

Please send me quotes for the following:

Long Term Disability (LTD)

Other: \_\_\_\_\_

With 90-Day Waiting Period

5-Year Benefit Period

\$6,000/month

To Age 65

\$10,000/month

Short Term Disability (STD) \$1,000 /week

11-Week Benefit Option

24-Week Benefit Option

*(available as a standalone policy only)*

Member Term Life<sup>1</sup>  \$250,000  \$50,000

Spousal Term Life<sup>2</sup>  \$25,000

<sup>1</sup> Medical underwriting may be required

Child Term Life<sup>2</sup>  \$10,000

<sup>2</sup> Member Term Life must be purchased

### CAP Group Critical Illness and Group Accident Insurance Programs

*\*Information required*

#### CAP GROUP CRITICAL ILLNESS PROGRAM

Member  Tobacco\*  Non-Tobacco\*

\$10,000  \$20,000  \$30,000

Spouse/Partner  Tobacco\*  Non-Tobacco\*

\$5,000  \$10,000  \$15,000

#### CAP GROUP ACCIDENT PROGRAM

Member  Member and Spouse/Partner

Member and Child(ren)

Member, Spouse/Partner and Child(ren)

Member Name: \_\_\_\_\_ Member # (if known): \_\_\_\_\_

Specialty: \_\_\_\_\_ Income\*: \$ \_\_\_\_\_

Male  Female DOB: \_\_\_\_\_ Age: \_\_\_\_\_ # of years in practice\*: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

**Please fax completed form to 213-947-4637 by December 16, 2016**