

DI Needs Calculator Worksheet

How far does your income have to go?

Take a minute to determine the total monthly expenses your income covers.

Mortgage/Rent	\$ _____
Utilities (gas, electric, water, phone, internet, cable)	_____
Groceries	_____
Car Payments	_____
Auto Insurance	_____
Home Insurance	_____
Health Insurance	_____
Life Insurance	_____
Childcare/Education Needs	_____
Credit Cards/Other Debt	_____
Spending Money/Other Obligations	_____
Total Monthly Expenses*	\$ _____
Monthly Net Income	\$ _____



**In selecting coverage amounts, you should review other in force disability income insurance (DI) coverages, including any group DI plan through your employer, which may be offset or reduced by any benefits that you may receive under this policy.*

Help protect your income and your financial future with Personal Paycheck Power[®] DI from Illinois Mutual.

Policy Form DI105, Disability Income Policy

Not available in AK, CA, DC, HI or NY. Coverage and availability may vary in other states.

This policy has exclusions, limitations and terms under which the policy and options may be continued in force or discontinued. For costs and complete details of the coverage, contact your agent or Illinois Mutual. If any discrepancies exist between this communication and the policy, the terms of the policy will control.

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