

Disability Income Fact Finder

Agent _____ Email _____ Phone _____

Client _____ DOB _____ Male _____ Female _____ State _____

MEDICAL HISTORY

Do you use tobacco in any form? Yes _____ No _____

Build _____ Height _____ Weight _____

Are you currently taking any medication(s)? Yes _____ No _____

Are you pregnant? Yes _____ No _____

Do you have a history of:

Neck or back disorder? Yes _____ No _____

Mental / Nervous conditions? Yes _____ No _____

Diabetes? Yes _____ No _____

In the past 5 years have you seen any:

Physicians? Yes _____ No _____

Chiropractors? Yes _____ No _____

Counselors / Psychiatrists? Yes _____ No _____

Please list any medications, details to any "Yes" answers and any other medical history:

OCCUPATION

Please list your occupation and duties:

Are you Self-Employed? Yes _____ No _____

Are you a C-Corp, S-Corp, LLC, Sole Proprietor? _____

Are you a Federal, State or City Employee? Yes _____ No _____

Do you work from home? Yes _____ No _____

FINANCIAL

Salary \$ _____

Gross earnings after expenses (if self-employed)

Current Year to date \$ _____

Last Year \$ _____

2 Years ago \$ _____

Do you have annual unearned income (e.g. dividends, interest) that exceeds 10% of earned income or does your net worth exceed \$3,000,000? Yes _____ No _____

Do you receive any bonuses or pension distributions not included in the Gross Earnings above? Yes _____ No _____

Annual Retirement Plan Contribution Yes _____ No _____ Amount _____

Company Match? Yes _____ No _____ Amount _____

Are you a permanent resident/citizen of the United States? Yes _____ No _____

LIST CURRENT DISABILITY INCOME INSURANCE

Company	Type of Coverage (Group, Individual, Overhead Expense)	Benefit Amount or % of Income	Elimination Period	Benefit Period	Individual Pay	Employer Pay