

# Personal information form

For pre-screening, illustrations, or application needs



## Basic information

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Permanent address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

## Occupation

Occupation title: \_\_\_\_\_ Years in position: \_\_\_\_\_

Amount of physical work in current position: ☐ Low (0-30%) ☐ Moderate (31-60%) ☐ High (61-100%)

Explain job duties: \_\_\_\_\_

Salary/bonus income (prior year): \$ \_\_\_\_\_ Other income: \$ \_\_\_\_\_

Unearned income: \$ \_\_\_\_\_ Work from home: ☐ No ☐ Yes

Self-employed: ☐ No ☐ Yes

If yes: How long: \_\_\_\_\_ Number of full-time (30+ hrs/wk) employees: \_\_\_\_\_

Percent of ownership: \_\_\_\_\_

## Other coverage

Do you have other disability coverage: ☐ No ☐ Yes If yes, provide details:

Benefit amount	Maximum benefit	Elimination period	Benefit period	Paid by (your employer or you)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Health information

Tobacco use: ☐ No ☐ Yes If yes, please describe: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Are you in the military with active deployment papers? ☐ No ☐ Yes

Do you have lupus, multiple sclerosis or type 1 diabetes? ☐ No ☐ Yes

If you answered "No" to both questions, continue to the next page.

If you answered "Yes" to either question, please don't continue. Instead, contact your financial professional to discuss your options.

Do you have a history or current diagnosis of:

- |   |  |   |
|---|--|---|
| <input type="radio"/> Asthma/respiratory conditions | <input type="radio"/> Crohn's disease/ulcerative colitis | <input type="radio"/> High blood pressure                               |
| <input type="radio"/> Back/neck conditions          | <input type="radio"/> Diabetes                           | <input type="radio"/> Mental/nervous conditions<br>(anxiety/depression) |
| <input type="radio"/> Blood/protein in urine        | <input type="radio"/> Fatigue                            | <input type="radio"/> Stress  |
| <input type="radio"/> Bones/joint conditions        | <input type="radio"/> Fibromyalgia                       | <input type="radio"/> Other _____                                       |
| <input type="radio"/> Cancer/tumor                  | <input type="radio"/> Heart disease                      |   |
| <input type="radio"/> Circulatory conditions        |  |   |

Please describe any conditions selected above: \_\_\_\_\_

\_\_\_\_\_

List any current medications: \_\_\_\_\_

\_\_\_\_\_

Are you pending any surgery? ☐ No ☐ Yes If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

Do you participate in any activities that could be considered dangerous? ☐ No ☐ Yes

If yes, please describe: \_\_\_\_\_

Do you have any citations on your driving record? ☐ No ☐ Yes

If yes, please describe: \_\_\_\_\_

Have you filed for bankruptcy or had a bankruptcy discharged in the last two years? ☐ No ☐ Yes

### Additional protection needs

☐ **DI Retirement Security (income must be at least \$76K).** Helps you continue to save for retirement in the event of a disability.

☐ **Overhead Expense.** Reimburses an owner for business expenses during a disability.

☐ **Business Loan Protection.\*** Covers loans for business-related expenses.

☐ **Disability Buy-Out.** Funds a buy-sell agreement to buy out a disabled business owner.

☐ **Key Person Replacement.\*** Provides benefits to a business if a key employee becomes disabled.

### Financial professional contact information

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

\* Not available in California. Not available in all states. Go to [principal.com/distateapprovals](http://principal.com/distateapprovals) for more information.

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