Individual Disability Income insurance

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:

- ○ Asthma/respiratory conditions
- ○ Back/neck conditions
- ○ Blood/protein in urine
- ○ Bones/joint conditions
- ○ Cancer/tumor
- ○ Circulatory conditions
- ○ Crohn's disease/ulcerative colitis
- ○ Diabetes
- ○ Fatigue
- ○ Fibromyalgia
- ○ Heart disease
- ○ High blood pressure
- ○ Mental/nervous conditions (anxiety/depression)
- ○ Stress
- ○ Other _____

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: _____

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