



## Disability Income Fact Finder

Agent \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Client \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ State \_\_\_\_\_

### MEDICAL HISTORY

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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:**

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## 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<br>(Group, Individual,<br>Overhead Expense) | Benefit<br>Amount or<br>% of Income | Elimination<br>Period | Benefit<br>Period | Individual<br>Pay | Employer<br>Pay |
|---------|--|-------------------------------------|-----------------------|-------------------|-------------------|-----------------|
|         |  |                                     |                       |                   |                   |                 |
|         |  |                                     |                       |                   |                   |                 |