



DISABILITY INCOME INSURANCE PRE-SCREENING QUESTIONNAIRE

Client Name _____

DOB _____ M/F _____ State of Residence _____

MEDICAL HISTORY

Height _____ Weight _____

Date last used Nicotine _____ Type _____

Are you currently taking any medication(s) Yes ___ No ___

Are you pregnant? Yes ___ No ___

Do you have a history of:

Neck or Back Disorders? Yes ___ No ___

Mental/Nervous Conditions? Yes ___ No ___

Diabetes/High Cholesterol/Hypertension? Yes ___ No ___

In the past 5 years, have you seen:

Physician(s)? Yes ___ No ___

Chiropractor? Yes ___ No ___

Counselor and/or Psychiatrists? Yes ___ No ___

Please provide complete details to "Yes" answers:

Please provide details of any other significant medical history not disclosed above:

OTHER DISABILITY INCOME INSURANCE

Do you have any Individual Disability Insurance? Yes ___ No ___

Do you have any Group Disability Insurance? Yes ___ No ___

Do you have any Association Disability Insurance? Yes ___ No ___

Details to "Yes" answers:

OCCUPATION

What is your Occupation: _____

Occupational duties and % of time spent on each duty:

_____ %
_____ %
_____ %

Length of time with current employer _____

Number of persons supervised _____

Are you self-employed? Yes ___ No ___

If Yes, number of employees working for you _____

Do you work from home? Yes ___ No ___

If yes, how much time spent in the home. _____

Are you a federal, state or city employee? Yes ___ No ___

If yes, name of public entity employed by _____

FINANCIAL

Gross Earnings (after expenses if self-employed)

Current Year To Date \$ _____

Last Year \$ _____

2 Years Ago \$ _____

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

Did you receive any bonuses in the last 3 years? Yes ___ No ___

Details to "Yes" answers above (actual net worth, actual unearned income, sources, amount of bonus each year, etc)

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

PRODUCER NAME _____ PHONE _____ EMAIL _____