



**RAMPART
AGENCY**
INSURANCE SERVICES



Disability Income PreScreen Questionnaire

Send completed form to RampartInfo@rampartlife.com

Client Info:

Name _____ DOB _____ M F

Address _____

Are you a US Citizen Y N

Height _____ Weight _____ Pregnant Y N

Have you used any Nicotine Product in the last 12 months? Y N

Have you ever used Nicotine Products? Y N

Type _____ How Often _____ Date Stopped _____

Do you have a history of?

Heart Attack/Stroke Y N Cancer Y N

Neck/Back Disorder Y N Mental Nervous Condition Y N

Diabetes/High Cholesterol/Hypertension Y N

In the last 5 years have you seen any:

Physicians Y N Chiropractors Y N

Counselors/Psychiatrists Y N

Are you currently taking any medication Y N

Any other medical history not disclosed above Y N

Other Disability Income Insurance

Do you have any Group Disability Insurance Y N

Do you have any Individual Disability Insurance Y N

Do you have any Association Disability Insurance Y N

If self-employed, are you under a State Disability Insurance Plan Y N

Client Occupation _____

Exact Duties and % of time spent on each duty

Length of current Employer _____ # Employees _____ # Supervised _____

Are you self-employed Y N Do you work from home Y N

Are you a Federal, State or City Employee Y N

Financial

Gross Earnings (after Expenses if Self Employed)

Current YTD \$ _____ Last Year \$ _____ 2 Years Ago \$ _____

Do you have annual unearned income that exceeds 10% of earned income or does your net worth exceed \$6,000,000 Y N

Did you receive any bonuses in the last 3 years Y N

Agent: Name _____ Phone _____ Email _____

Details not listed above: