



Disability Income Pre-Screening Questionnaire

Name: _____ DOB: _____ M/F: _____

State of Residence: _____

Are you a permanent resident/citizen of the USA? Yes _____ No _____

Medical History:

When was the last time you used tobacco in any form? Date _____ No _____

What is your height and weight? Ht. _____ Wt. _____

Are you currently taking any medications? 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 last 5 years, have you seen any:

Physicians? Yes _____ No _____

Chiropractors? Yes _____ No _____

Counselors/Psychiatrists? Yes _____ No _____

If you answered 'yes' to any of the above, please provide full details

(attach supplement if you need additional space):

Other Disability Income Insurance:

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

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

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

If you answered 'yes' to any of the above, please provide full details
(amount, elimination period, benefit period):

Producer Name: _____ Phone#: _____

E-mail Address: _____

Client Occupation: _____

Exact Occupational duties and % time spent on each duty:

_____ % _____

_____ % _____

_____ % _____

Length of time at current employer: _____ Number of persons supervised: _____

Are you self-employed? Yes _____ No _____

Do you work from your home? Yes _____ No _____

Are you a Federal, State or City Employee? Yes _____ No _____

If you answered 'yes' to any of the above, please provide full details. For instance, the number of employees you have working for you, the percentage of work time outside your home that is required or the name of the public entity you are employed by:

Financial:

Gross earnings (after expense if self-employed)

Current year to date \$ _____

Last year \$ _____

Two 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 _____

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

If you answered 'yes' to any of the above, please provide details (actual net worth, actual unearned income, sources, amount of bonus each year, etc.)

(attach supplement if you need additional space):