

Disability Income

Pre-Screening Questionnaire

For Agent Use Only

Name _____ DOB _____ M/F _____

State of Residence _____

Phone # _____ E-mail _____

MEDICAL HISTORY:

OCCUPATION: _____
Exact Occupational duties and % time spent on each duty:

When was the last time you used tobacco in any form? Date _____ Never _____
 What is your height and weight? Ht. _____ Wt. _____
 Are you currently taking any medication? Yes _____ No _____
 Are you pregnant? (Females only) 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 _____

Length of time at current employer _____ No. 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 (attach supplement if you need additional space):

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:

Please provide details of any other material medical history not disclosed above (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 _____
For CA Prospects Only: If self-employed, are you covered under the state disability insurance plan? Yes _____ No _____

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

FINANCIAL:

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 _____
 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.):

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

Agent Name _____
Contact Info: _____

Return to - jim@uswolfe.com or Fax to 815-377-3556