

Disability Insurance *Pre-Screening Questionnaire*

These questions should be asked to the prospect by the Representative before the application is written.

Name _____ **DOB** _____ **M/F** _____

State _____

MEDICAL HISTORY:

Have you smoked a cigarette or used a nicotine patch, gum or inhaler within the past 12 months? Date _____ Never _____
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 What is your height and weight? Ht. _____ Wt. _____
 Are you currently taking any medication? Yes _____ No _____
 Are you pregnant? Yes _____ No _____
 Do you have 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 below (attach supplement if you need additional space) _____

Please provide details below 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 _____
 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 below (amount, elimination period, benefit period): _____

OCCUPATION: _____

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

Length at current employer _____ # employees _____ # Supervised _____
 Are you self-employed? Yes _____ No _____
 Are you a Federal, State or City Employee? Yes _____ No _____
 Do you work from your home? Yes _____ No _____

If you answered yes to any of the above, please provide full details below (number of employees, time out of home, etc.) _____

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 \$6,000,000? 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 below (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 _____