

Disability Income Fact Finder

Date: _____

PERSONAL

Name: _____ Sex: Male Female

Date of Birth: _____ Tobacco User?: Yes No

Occupation (including specific duties): _____

Elimination period desired: _____ Benefit period desired: _____

SELF EMPLOYED

Gross Business Income: _____

- Business Expenses: _____

= Other Earned Income: _____

Pension Contribution: _____

Unearned Income Over \$20,000: _____

Resident State: _____ Contract State: _____

State of Employment: _____

State Cash Sickness: Yes No Eligible for Social Security: Yes No

Existing Coverage: LTD STD Sick Pay Individual

Details of Existing Coverage: _____

INDIVIDUAL FINANCIAL NEEDS ANALYSIS

EXPENSES

Rent /Mortgage: \$ _____

Food: \$ _____

Utilities (water, heat, electricity, phone): \$ _____

Transportation (car payments, maintenance, repairs, insurance, gasoline): \$ _____

Installment Payments (credit cards, loans): \$ _____

Insurance Premiums (life, health, car, medical): \$ _____

Total Monthly Expenses: \$ _____

INCOME

Current Disability Benefits (group, individual, association): \$ _____

Other Benefits (Social Security, Workman's Compensation, veteran's compensation, etc.): \$ _____

Other Income Sources: \$ _____

Total Monthly Income: \$ _____