
Confidential Personal Questionnaire

Disability Income Needs

Prepared for: _____

Prepared by: _____

Date: _____

Personal and Family Information		
	Individual	Spouse
Family		
Name		
Nickname?		
Date of Birth		
Home Address		
Home Phone		
E-Mail Address		

Employment Information		
	Individual	Spouse
Employer		
Address		
Work Phone		
Fax Phone		
E-Mail Address		
Title		
Duties		

Social Security		
	Individual	Spouse
Are you covered by Social Security?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Social Security Number		

Current Disability Income Coverage: Group		
Group Coverage	Individual	Spouse
Company		
Monthly Benefits		
Elimination Period		
Benefit Period		

Current Disability Income Coverage: Personal						
Personal Coverage	Individual			Spouse		
	Pol 1	Pol 2	Pol 3	Pol 1	Pol 2	Pol 3
Company						
Monthly Benefits						
Elimination Period						
Benefit Period						
Optional Benefits						

Expense Worksheet: Current Expenses					
TAXES	Monthly	Annually	PERSONAL	Monthly	Annually
Current Gross Income			Personal Care		
Federal Income Taxes			Professional Dues		
State Income Taxes			Child Care		
FICA/Self-Employment Taxes			Education/School		
TOTAL			Cash/Allowances		
			TOTAL		
HOUSING			LOAN PAYMENTS		
Mortgage/Rent			Credit Card Payments		
Property Taxes			Personal Loan Payments		
Homeowners/Renters Insurance			TOTAL		
Utilities (Gas, Electric, Phone)					
Maintenance			OTHER EXPENSES		
TOTAL			Household Furnishings		
			Recreation/Clubs/Dues		
TRANSPORTATION			Dining Out		
Car Payment			Movies/Sporting Events		
Auto Insurance			Babysitter		
Parking/Tolls/Bus/Train			Hobbies		
TOTAL			Vacation/Travel		
			TOTAL		
HOUSEHOLD			SAVINGS/INVESTMENTS		
Groceries					
Clothing/Dry Cleaning			GIFTS/CONTRIBUTIONS		
Domestic Help					
TOTAL			EDUCATION EXPENSES		
INSURANCE			PENSION/RETIREMENT		
Health Insurance					
Medical/Dental/Drugs			TOTAL EXPENSES		
Life Insurance					
Disability Income Insurance			ANNUAL TOTAL		
TOTAL					

	Individual	Spouse
Total Expenses	\$	\$
minus Income	-	-
minus Reduction in Expenses	-	-
minus Existing Disability Income	-	-

Disability Income Needed	\$	\$
---------------------------------	----	----