

Disability Insurance

Pre-Screening Questionnaire



Client: _____ **DOB:** _____ **M/F:** _____ **Agent:** _____

MEDICAL HISTORY:

- Have you smoked a cigarette or used a nicotine patch, gum, or inhaler within the past 12 months? Date: _____ Never: _____
- What is your height and weight? Ht: _____ Wt: _____
- Are you currently taking any medication? Y: _____ N: _____
- Are you pregnant? Y: _____ N: _____
- Do you have history of:
 - Neck or back disorders? Y: _____ N: _____
 - Mental/Nervous conditions? Y: _____ N: _____
 - Diabetes/High Cholesterol/Hypertension? Y: _____ N: _____
- In the last 5 years, have you seen any:
 - Physicians? Y: _____ N: _____
 - Chiropractors? Y: _____ N: _____
 - Counselors/Psychiatrists? Y: _____ N: _____

If you answered "yes" to any of the above, please provide full details (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? Y: _____ N: _____
- Do you have any Individual Disability Insurance? Y: _____ N: _____
- Do you have any Association Disability Insurance? Y: _____ N: _____
- If self-employed: Are you covered under the state disability insurance plan? Y: _____ N: _____

If you answered "yes" to any of the above, please provide full details (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? Y: _____ N: _____
- Are you a Federal, State or City Employee? Y: _____ N: _____
- Do you work from your home? Y: _____ N: _____

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

FINANCIAL:

Gross Earnings (after expenses if self-employed)

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 million? Y: _____ N: _____
- Did you receive any bonuses in the last 3 years? Y: _____ N: _____

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? Y: _____ N: _____

Email this completed form to a GPAgency Brokerage Manager.

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