

Personal Information

Client Name: _____

Date of Birth: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Tobacco Use: Yes No

Email: _____ US Citizen / Green Card: Yes No

Employment Information

Employer: _____

City/State: _____

Occupation: _____

Full Time (min. 30 hours per week) Yes No Actively at work during past 90 days: Yes No

Job Duties: (Include title, duties, % of time in sales/travel/supervision etc. List any degrees and professional designations) _____

Base Salary (Net monthly): \$ _____

Commissions (Net monthly): \$ _____

Bonus/Other Incentive Compensation: \$ _____

Monthly Retirement Contributions: \$ _____

Employer Match: % _____

Annual Salary: 2 Years Ago: \$ _____ 1 Year Ago: \$ _____

Participant in Social Security/recent statement: Yes No

Other Information

Other Earned Household Income (Monthly):

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Unearned Income (Monthly):

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Other Personal Information:

Any Recent Hospitalizations or Surgeries? _____

List Current Medications: _____

Existing disorders related to:

Musculoskeletal Cardiovascular/Circulatory Central Nervous System Mental / Psychiatric

Sources of Disability Income Insurance

Group Short Term Disability (GSTD)

Percentage of Salary: % _____

Maximum Benefit: \$ _____

Benefit Period (years) _____

Waiting Period (days) _____

Does GSTD include Bonus/
other Incentive Compensation? Yes No

Who is Premium Paid by: Company Self

Group Long Term Disability (GLTD)

Percentage of Salary: % _____

Maximum Benefit: \$ _____

Benefit Period (years) _____

Waiting Period (days) _____

Does GLTD include Bonus/
other Incentive Compensation? Yes No

Who is Premium Paid by: Company Self

Employer's policy regarding continued employment in the event of a long term disability, if other than separation of services? _____

Other Individually Owned Disability Income Insurance Policy(ies)

Policy #: _____

Carrier _____

Policy #: _____

Carrier _____

Policy #: _____

Carrier _____

Assets

Savings Value (bank accounts, CDs, etc): \$ _____

Investments Value (stocks, mutual funds): \$ _____

401K Value \$ _____

IRAs Value \$ _____

Pension / Defined Benefit Value \$ _____

Other Tax Deferred Instruments Value \$ _____

Insurance Policies Cash Value \$ _____

TOTAL SAVINGS/

RETIREMENT ASSETS: \$ _____

Primary Residence (Net Value): \$ _____

Other Real Estate (Net Value): \$ _____

TOTAL NET VALUE REAL ESTATE: \$ _____

Art / Jewelry (Appraised Value): \$ _____

Other Assets: \$ _____

TOTAL VALUE OTHER ASSETS: \$ _____

TOTAL ASSETS (all sources): \$ _____

Expenses

Mortgage / Rent: \$ _____

Home Owners Insurance: \$ _____

Auto / Transportation: \$ _____

Automobile Insurance: \$ _____

Taxes: \$ _____

Life Insurance Premiums: \$ _____

Disability Income Insurance Premiums: \$ _____

Health Insurance Premiums \$ _____

Food: \$ _____

Utilities: \$ _____

Education: \$ _____

Child Care/Elder Care: \$ _____

Credit Cards: \$ _____

Other Loan Payments: \$ _____

Other Monthly Expenses: \$ _____

TOTAL MONTHLY EXPENSES: \$ _____