



## Disability Fact Finder

Producer: \_\_\_\_\_

Name of Client: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Female  Smoker  
 Male  Non-Smoker  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any health issues? \_\_\_\_\_

Occupation/Duties: \_\_\_\_\_

Business Owner?  No  Yes Type of Business: \_\_\_\_\_

% of ownership \_\_\_\_\_

# of Employees \_\_\_\_\_

Other coverage in force?  No  Yes If yes,  Group  Individual

Benefit amount/% \_\_\_\_\_

Annual Gross Income: \_\_\_\_\_

### Design: (If known)

Type of Product:  Individual  Business Overhead  
 Key Person  Buy/Out

Benefit Period:  To Age 65  5 years  2 years

Elimination:  90 days  180 days  Other \_\_\_\_\_

Riders/Features:  Own Occupation  COLA  
 Residual/Partial  Catastrophic

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_