

## 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_