



95 N. Research Dr.
Suite 100
Edwardsville, IL
62025
Tel: 800.556.2663
Fax: 618.692.9865

2236 Mason Ln
Ballwin, Mo
63021
Tel: 888.868.6560
Fax: 314.821.5779

Client Information Needed for a Disability Income Quotation

Your Name:
Date of Birth:
Job Title/Duties:
Occupation:
Annual Income:

Address _____

Phone # _____

HEALTH QUESTIONS:

1. Height & Weight: _____
2. Do you use any Nicotine Products? _____
3. Are you currently on any Medication? _____
4. Do you have any known health conditions? _____

INSURANCE COVERAGE QUESTIONS:

1. What would be an acceptable elimination/waiting period (time before DI payment starts) for you - 1 month, 3 months etc.? _____
2. What type of benefit period would he be looking at? 2 years, 5 years or until age 65?
