

Disability Information Quote Sheet

Fax to: John @ The Edward Group 1-866-483-4229

THOSE MARKED IN RED ARE REQUIRED.

Who thought of coverage: Self CPA Spouse Business Ptr. Friend Family

Desired date for coverage: _____

INFORMATION IS PRIVATE!

Name: _____ DOB: _____ Phone: _____

Marital Status: _____ Does your spouse work outside the home? ___ # of Dependents _____

Home Address: _____

Email Address: _____

Number of months saved for living expenses? _____ months reserves.

If you were disabled and not functioning do you have a person to handle your finances? _____

Occupational and Income Information

Occupation: _____ Years? _____ Specialty? _____ Years? _____

Employer Name: _____ Government Agency? Yes or No

Employment Status: *Employee Shareholder* How Long? _____ Percent Owned _____%

Type of Co if Owned. *Sole Practitioner LLC Partnership C-Corp S-Corp 501c3*

Number of fulltime employees (*important for premium discounts*) _____

Your earned income: current _____ Last Year _____ Est. Next Year _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Current Coverage

Yes or NO. **Individual Policy or Group** Carrier: _____

Year purchased: _____ Amount of Coverage: \$ _____/month or _____%

Who pays premium: _____ Premium Amount: _____/month

Waiting Period: _____ Benefit Period: _____ Own Occupation period: _____

Partial/Recover Benefit: _____ Term of benefits: _____ COLA: _____

Health/Medical Questions:

Ht. _____ Wt. _____ Tobacco last twelve months: Yes or No If stopped date _____

Meds in the last 36 months: _____

Medical Conditions Accidents/illnesses in last 10 years: _____

SELECT DESIRED TYPE OF COVERAGE: (CIRCLE WHICH APPLY)

- INDIVIDUAL
- RETIREMENT PROTECTION
- GROUP
- BUSINESS OVER HEAD EXPENSE
- DISABILITY BUYOUT

GOALS: Secure coverage Improve coverage quality Increase coverage Lower premium

Choices:

Monthly disability benefit. (Pick One)

(Most common is 45% to 70% income replacement)

\$ _____ per month desired OR _____ Maximum Allowable Replacement of Income

Waiting period (Pick 1st and 2nd Choice)

(Waiting period is the time while disabled but before benefit period begins. 3 months or 90 days is most common. Ask yourself how much savings do I have in the case of an emergency.)

___ 1 month ___ 2 months ___ 3 months ___ 6 months ___ 12 months

Benefit period (Pick 1st and 2nd Choice)

(Benefit period is the maximum time monthly benefits could be paid. To age 65 most common.)

How long would you need money if you could not earn a living?

2 years 5 years ~ to age 65 lifetime

Optional Riders: Each is independent from the other. You can opt for any combination.

Optional: Residual Rider/Partial and Recovery Rider (Most suggested and used optional rider)

In addition to total disability coverage, would you like...

Partial and loss of income disabilities covered, with recovery and return to work benefits

Yes or Yes for a limited time or No.

Optional: Automatic Benefit Increase Rider

(Good idea for people with any potential for income growth.)

Would you like the option of increasing your monthly benefit automatically each year to keep pace with your income or inflation with no underwriting? (yes or no)

Optional: Future Purchase Option Rider

(Great rider for those whose incomes will increase dramatically in the years to come. This rider preserves your right to get more coverage in large blocks without any medical underwriting. Adds about 2 to 15% to the policy cost depending upon the size of the option amount desired.)

Ask yourself...will your income increase by more than 20% in the coming years...would you like to increase that additional income?

yes some or yes max it or none

Optional: Social Security Offset Rider

(Not recommended if you already have group coverage. Note this may only save 2-5% on premium cost.)

Would you like to lower the cost of coverage by having your disability benefit reduced by Social Security Disability? yes or no

Optional: Cost of Living Adjustment Rider (COLA)

(Most often recommended for those people under age 45-50 and most especially those under age 40. Note this adds about 12 to 17% to the cost of the premium.)

Once disabled, would you like your disability benefit to increase overtime? yes or no

Optional: Catastrophic Disability Benefit Rider:

(This, if elected could increase your disability benefit up to as much as 90% of your pre-disability income. Note a different definition of disability is needed to trigger the benefit.)

If severely disabled, would you want a disability benefit to be close to what your pre disability earning was? Do you want to be sure you have money to cover the added expenses of your care?

yes maximum allowed yes some No

Optional: Group Replacement Disability Coverage Replacement Rider

(Appropriate for those with group coverage, who might lose that coverage for many reasons such as leaving group, employer disbands, company cuts back on employee benefits or carrier drops group.)

If you lost your group disability insurance would you like to easily replace it? yes or no.

Optional: Unemployment Premium Rider

(Adds about .5% to the cost of the policy. Appropriate for those who might lose job due to cut backs)

If you were unemployed would you like to have your premium covered? yes or no

All plans unless noted otherwise are medically and financially underwritten. Rates may vary by age, occupation, gender, state of residency, health status, tobacco user status, policy design and carrier.