

DISABILITY INCOME FACTFINDER

Name _____ Date of Birth _____
____Male ____Female Smoker? _____
Salary/ (Income after expenses) _____ State _____
Current Occupation _____
Duties: _____

Do you supervise other people? How many? _____

Please list any health problems, including any medication you are taking. _____

Are you a business owner? _____ Number of Owners _____
If yes, are you self employed or incorporated? _____
Number of years in Business _____
Number of years of ownership _____
Number of Employees _____
Value of Business (for buy out only) _____
Monthly expenses of business _____

Please list any in-force individual or group disability coverage. _____

Will in-force policies be replaced? _____

Plan Design (Please circle)

Long Term Short Term Overhead Buy Out Retirement Plus
Waiting Period 30, 60, 90, 180, 365, 730 days
Benefit Period 1 yr, 2 yr, 5 yr, 10yr, Age 65, 67, 70 lump sum
Monthly Benefit \$ _____ or max
SIS Rider \$ _____ Waiting Period _____

OPTIONAL RIDERS (Not all available with all companies)

Automatic Increase Benefit (0-5%) _____ Cost of Living _____ %
Future Income Options/ Benefit Update _____ Residual _____
Partial Disability _____ Lifetime Extension _____
Own Occupation _____ Cat Rider _____

**PLEASE FAX COMPLETED FACTFINDER TO SPECIFIC SOLUTIONS AT 716-632-6051 OR
EMAIL mtomaka@specificsolutions.com.**

For questions, please contact Margaret Tomaka at 716-632-7777 or 1-800-873-2345

AGENT _____

Fax or email _____