

# Lifeco Associates, INC.

Life and Health Insurance Agency

**JASON HOCHSTADT, CFP®, AIF®**  
CHIEF EXECUTIVE OFFICER  
jason@lifecoassociates.com

ONE BRIDGE PLAZA NORTH  
SUITE 275  
FORT LEE, NEW JERSEY 07024  
201-482-0288 PHONE  
201-482-8107 FAX  
www.lifecoassociates.com

## Disability Income Insurance: Pre-Underwriting Client Data Summary Sheet

Please complete all fields and be as accurate and thorough as possible. Thank you.

**Disclaimer: Completing this Pre-Qualification Form is not a guarantee that you will be approved for disability income insurance. It is not an application for insurance. The purpose of completion is to receive feedback from one or more underwriters to determine whether they will consider your application and process it through underwriting without automatically declining it. For every question where the answer is 'Yes,' please provide a detailed explanation. If a question is Not Applicable, please insert 'N/A.' Feel free to use additional/separate sheets of paper if necessary. Thank you.**

Client Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Resident State (if more than one residence is owned in multiple states, please insert both and specify your living situation):

\_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

(please note if changed considerably in the past 12 mos.)

Do you intend to reside or travel outside the U.S. in the next year? If so, to where, for how long and for what purpose?

\_\_\_\_\_

\_\_\_\_\_

Do you engage in any hazardous activities including, but not limited to, (a) racing, (b) scuba diving, (c) rock climbing, (d) car racing and/or (e) piloting aircraft? If yes, please provide specifics.

\_\_\_\_\_

\_\_\_\_\_

Do you drive? If so, do you have a handicap parking permit?

\_\_\_\_\_

Have you had any driving violations in the past 10 years? If so, please specify how many and whether any involved a DUI and/or drugs.

\_\_\_\_\_

\_\_\_\_\_

# Lifeco Associates, Inc.

## Employment-Related Questions

Occupation: \_\_\_\_\_

Job Duties (be specific – including any manual labor involved):

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

Approximate Hours worked per week: \_\_\_\_\_

Number of years in this occupation: \_\_\_\_\_

Number of years with your current employer: \_\_\_\_\_

Do you travel for business? If so, what % of the time do you travel? Is it primarily local or long distance? If out of the country, which country/(ies) and how frequently?

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

### **If you are self-employed and/or an owner in a business you work for:**

- What % of the business do you own and what is the type of entity (e.g. S. Corporation; LLC; etc.)?

\_\_\_\_\_

- Does the business maintain any type of business disability insurance (such as disability buyout, business overhead and/or business reducing term)? If not, would you be interested in learning more about these types of disability policies for your business?

\_\_\_\_\_

\_\_\_\_\_

Do you presently have any disability income insurance in force? \_\_\_\_\_

### **If yes:**

- If it is an individual policy, what is the monthly benefit and who is the carrier?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Lifeco Associates, Inc.

- If it is a group policy, (a) who is the carrier; (b) what is the maximum monthly benefit; (c) what is the percentage of income covered and (d) who pays the premium? **Please obtain a copy of your group benefits booklet and/or Summary Plan Description.**

---

---

---

Who will be paying the premium for any new disability insurance: you, your employer; a combination thereof or someone else?

---

Professional associations you belong to (if any):

---

---

Please provide the following information for the year-to-date, last year and two (2) years ago:

- Base salary:

---

---

---

- Bonuses and/or commissions:

---

---

---

- Retirement contributions (both employee and employer):

---

---

---

- Unearned income (e.g. investment income):

---

---

---

# Lifeco Associates, Inc.

## Medical-Related Questions

Current medical conditions:

---

---

---

---

---

---

---

---

Current medications, dosages and the reasons for your prescriptions (as well as any changes in the past year):

---

---

---

---

---

---

---

---

Aside from medication(s), are your medical conditions being treated in any other manner? If yes, has the treatment changed over the past year (and, if so, how)?

---

---

---

---

---

---

Other than as mentioned previously, are there any conditions for which you have been treated in the past 10 years? If yes, please explain.

---

---

---

---

---

---

---

---

# Lifeco Associates, Inc.

When was the last time you visited your primary care physician and any applicable specialists? What was the purpose of such visit(s)?

---

---

---

---

Have you been hospitalized or had any surgery during the past 10 years? If yes, please describe.

---

---

---

---

---

---

Do you currently have any functional limitations? If yes, please describe – and have you received, or are you presently receiving, any treatment such as physical therapy?

---

---

---

Are you currently disabled? Have you previously been disabled? If so, when? Please provide specifics regarding how and when you improved.

---

---

---

Has any surgery or medical tests been recommended for you yet not completed? If so, please explain.

---

---

---

---

Females Only: Are you pregnant? If yes, what is the anticipated due date?

---

# Lifeco Associates, Inc.

Do you smoke, or have you ever smoked? If so, please specify type (e.g. cigarettes) and quantity. If not currently, but in the past, when was the last time you smoked, for how long and what type?

---

---

---

---

Please provide applicable information regarding (a) alcohol use and (b) drug use (e.g. marijuana), if any.

---

---

---

---

Have you ever had an application for disability income (or other disability-based) insurance, life insurance or long-term care insurance declined, modified or rated? If yes, please explain.

---

---

---

---

---

Have you ever had (including now) any of the following conditions?

- Alcohol or drug dependency
- Arthritis
- Asthma
- Bone, joint or muscular problems (including osteoporosis and any fractures)
- Cancer
- Depression/anxiety
- Diabetes (specify Type I or Type II)
- Heart disease or heart related problems
- High blood pressure
- Joint replacements
- Kidney disease
- Liver disease
- Neuropathy
- Memory loss
- Multiple sclerosis
- Muscular dystrophy
- Parkinson's Disease
- Sleep disorders, including sleep apnea
- Stroke or TIA

