

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) _____

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, To 65 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
VICTORSON ASSOC.: AT 631-265-7054 OR EMAIL TO
VAINC@VICTORSON.COM To contact call 631-265-7456**

AGENT _____

Fax or email _____