

# Disability Insurance Quote Sheet

Name \_\_\_\_\_

Male  Female

DOB \_\_\_\_\_

**Tobacco Use in Last 5 Years**

Yes  No  If yes, Type \_\_\_\_\_

DWI in Last 5 years Yes  No  If yes, Date \_\_\_\_\_

Height/Weight \_\_\_\_\_

Occupation/Income \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

**Medical Information:**

HBP  High Cholesterol

Diabetes  A1c: \_\_\_\_\_ Glucose: \_\_\_\_\_

Heart Attack

Stroke

Cancer

Stents Year \_\_\_\_\_ No. of Stents \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Ameritas  MassMutual  Omaha   
Principal  Illinois Mutual

Amount/Term \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Male  Female

DOB \_\_\_\_\_

**Tobacco Use in Last 5 Years**

Yes  No  If yes, Type \_\_\_\_\_

DWI in Last 5 years Yes  No  If yes, Date \_\_\_\_\_

Height/Weight \_\_\_\_\_

Occupation/Income \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

**Medical Information:**

HBP  High Cholesterol

Diabetes  A1c: \_\_\_\_\_ Glucose: \_\_\_\_\_

Heart Attack

Stroke

Cancer

Stents Year \_\_\_\_\_ No. of Stents \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Ameritas  MassMutual  Omaha   
Principal  Illinois Mutual

Amount/Term \_\_\_\_\_  
\_\_\_\_\_