



TimeSaver™

Disability Supplemental Questionnaire

This is a supplemental questionnaire for Disability Insurance and should be submitted with a completed TimeSaver™. This form is used exclusively to gather specific information required for a Disability Insurance case. Clients that have been rated and/or excluded for Disability Insurance will not be reviewed. This is for Declined Disability cases only. We cannot order medical records from physicians or Disability insurance carriers.

Producer Name _____

Client Name _____

OCCUPATION DETAILS

Occupation (Be Specific):		
Job Duties:		Annual Income:
Owner/Non-Owner		
Are you the Owner:		
☐ Yes ☐ No	How long have you owned the company:	How many employees:
If you are not the Owner:		Adjusted gross income:
Gross Income:		

IN-FORCE DISABILITY COVERAGE

Current Group LTD in-force:	Current Individual DI in-force:
☐ Yes ☐ No If yes, how much:	☐ Yes ☐ No If yes, how much:

DISABILITY BENEFITS

Are you interested in:	
☐ Disability Income ☐ Business Overhead Expense (BOE) ☐ Disability Buy-out (DBO) ☐ Buy Sell ☐ Key Person	
Who is paying premiums:	
☐ Employer ☐ Employee	
Disability Income:	Elimination Period:
☐ Yes ☐ No If yes, desired Monthly Benefit:	☐ 30 days ☐ 60 days ☐ 90 days ☐ 180 days ☐ 365 days ☐ 730 days
Benefit Period:	Optional Benefits:
☐ 2 years ☐ 5 years ☐ Age 65 ☐ Age 67 ☐ Lifetime	☐ Own Occ ☐ Residual ☐ COLA ☐ Future Purchase ☐ Social Security Rider
Business Overhead Expense (BOE):	Elimination Period:
☐ Yes ☐ No If yes, desired Monthly Benefit:	☐ 30 days ☐ 60 days ☐ 90 days
Benefit Period:	Optional Benefits:
☐ 12 months ☐ 18 months ☐ 24 months	☐ Residual ☐ Future Purchase ☐ Salary of Replacement
Disability Buy-Out (DBO):	Elimination Period:
☐ Yes ☐ No If yes, desired Monthly or Lump Sum Benefit:	☐ 12 months ☐ 18 months ☐ 24 months
Benefit Period:	
☐ Lump Sum ☐ 24 months ☐ 36 months ☐ 60 months	

Additional Information: