Disability Insurance Quote Sheet

Name		Name	
Male 🗆	Female 🗆	Male 🗆	Female
DOB		DOB	
Tobacco Use in	n Last 5 Years	Tobacco Use in	
Yes 🗆	No If yes, Type	Yes 🗆	No If yes, Type
DWI in Last 5 y	years Yes □ No □ If yes, Date	DWI in Last 5 y	ears Yes □ No □ If yes, Date
Height/Weight	t	Height/Weight	
Occupation/Income		Occupation/Income	
		-	
Email Address		Email Address	
Medical Inforn	nation:	Medical Inforn	nation:
НВР	□ B.P. Reading	НВР	□ B.P. Reading
Diabetes□	A1c: Glucose:	Diabetes□	A1c: Glucose:
Heart Attack	# of Vessels Affected & Year	Heart Attack	□ # of Vessels Affected & Year
Stroke	□ Any Impairments & Year	Stroke	□ Any Impairments & Year
Cancer	□ Stage 1 2 3 4: Prostrate PSA	Cancer	□ Stage 1 2 3 4: Prostrate PSA
Stents	Year No. of Stents	Stents	Year No. of Stents
Explain		Explain	
Medications_		Medications_	
Company	Ameritas MassMutual Omaha	Company	Ameritas MassMutual Omaha
Principal	Illinois Mutual □	Principal □	Illinois Mutual
Amount/Term		Amount/Term	