

Disability Insurance “Ask Your Advisor” Worksheet (Keep for your records):
 You’ll Probably Need More Than One Worksheet When Comparing: Additional (Updated) Versions are
 Available for download online at www.BullTruth.com

<u>In</u>	<u>Grow</u>	<u>Out</u>			
T	-	0	-	0	Roth 401(k), Roth IRA, LI (Self-Paid), Variable Annuity, DI (Self-Paid) , LTC
0	-	0	-	T _(r)	DI (Company Paid)
T	-	0	-	T _(r)	
T	-	T	-	T _(r)	

NOTES:

- You should review your Disability Insurance with your advisor at least ANNUALLY to keep up to date. Go through this entire sheet- And then start asking all your “Off the wall questions” you’ve put on the back of the sheet.

Unisex Underwriting:

Would unisex underwriting be available? (Yes / No)

If “Yes”: Would it be cheaper for me to get unisex underwriting? (Yes / No)

If “Yes”: What other hoops do I have to jump through to get unisex underwriting? _____

RIDERS: What Riders do I have on this policy?

- | | | | |
|--|--|-----------------------------------|---|
| <input type="checkbox"/> Cost of Living Adjustment | <input type="checkbox"/> 3% Compounded | <input type="checkbox"/> 3% Fixed | <input type="checkbox"/> Guaranteed Future Purchase |
| | <input type="checkbox"/> 5% Compounded | <input type="checkbox"/> 5% Fixed | How Much Current Coverage: _____ |
| | <input type="checkbox"/> CPI | | How Much Additional Covrg: _____ |
| <input type="checkbox"/> Catastrophic Disability | | | <input type="checkbox"/> Lifetime Benefit |
| Describe: _____ | | | Describe: _____ |
| | | | _____ |
| <input type="checkbox"/> Own Occupation | | | <input type="checkbox"/> Residual Disability Income |
| Describe: _____ | | | Describe: _____ |
| | | | _____ |
| <input type="checkbox"/> Transitional Occupation | | | <input type="checkbox"/> Other: _____ |
| Describe: _____ | | | <input type="checkbox"/> Other: _____ |
| | | | <input type="checkbox"/> Other: _____ |

Describe any additional Riders:

GOING ON CLAIM

What is the definition of “disabled”? _____

Who do I contact to report my status as “disabled” and what is the procedure?

Disability Insurance Carrier & Procedure	Financial Advisor Contact Info & Procedure
_____	_____
_____	_____
_____	_____
_____	_____

How long is my waiting period before I will receive a benefit after “going on claim”?

- 30 Days 60 Days 90 Days Other: _____

