

Pre-Application Checklist



Before submitting a disability insurance (DI) application, please familiarize yourself with your client's financial and medical history by asking the questions below. For "yes" answers that weren't previously discussed with a Tellus DI sales support associate during quoting, **contact the Jeff Ellis BEFORE submitting the application.** Otherwise, the underwriting result could be vastly different or result in a decline. Discussing the updated information with a Tellus DI sales support associate will allow you to set appropriate expectations with your client.

Client Name _____

KNOCKOUT QUESTIONS - DO NOT SEND QUOTE REQUEST/CASE IS A DECLINE

If your client answers "yes" to any of the questions within this section, contact the Tellus DI Solution Center - DO NOT send the application.

Is your client pending any surgery? Yes No

Is your client in the military with active deployment papers? Yes No

Has your client filed for bankruptcy or had a bankruptcy discharged in the last two years? Yes No

POSSIBLE EXCLUSION/IMPAIRED RISK QUESTIONS

If your client answers "yes" to any of the questions within this section, contact the Tellus DI Solution Center to discuss possible solutions.

TOBACCO/NICOTINE/MARIJUANA USAGE

Does your client smoke cigarettes or use other nicotine and/or marijuana products? Yes No

If yes, which product(s) does your client use? Cigarettes Tobacco/Nicotine Products Marijuana

HEIGHT/WEIGHT/BUILD-RELATED CONCERNS

What is your client's? Height _____ Weight _____

Has your client undergone a gastric bypass procedure in the last five years? Yes No

MEDICAL PROCEDURES/SURGERIES

Does your client have any planned or pending tests that need to be completed by a physician? Yes No

Is your client regularly seeing a chiropractor or has he/she been seen by one in the last two to three years? Yes No

Has your client ever had joint replacement? Yes No

Has your client had fracture repair using metal plates, pins or other hardware? Yes No

MEDICAL DIAGNOSIS

Has your client been diagnosed with any of the following?

Arthritis

Crohn's Disease or Colitis

Cancer
(in the last 10 years)

Diverticulitis

Fibromyalgia

Heart Attack or Stroke
(in the last 10 years)

HIV

Irritable Bowel Syndrome (IBS)

Lupus

Multiple Sclerosis

Pregnancy Complications
(under age 50)

Sleep Apnea

If yes, is CPAP used? Yes No

Type 1 or Type 2 Diabetes

If yes, Type 1 or Type 2? _____

If yes, date of diagnosis? _____

If Type 2, last A1C reading? _____


MENTAL/PSYCHOLOGICAL


Is your client taking more than one medication for a mental or psychological condition? Yes No

Is your client currently taking anxiety medication(s) prescribed due to work-related stress? Yes No

Is your client currently taking medication prescribed for ADHD? Yes No

Contact Jeff Ellis

 917-294-1238

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