Pre-Application Checklist - Clients

Before submitting a disability insurance (DI) application, please discuss your financial and medical history with your financial professional. Answering "yes" to any of the following questions could cause the underwriting results to be different than quoted, or possibly declined with the intended carrier. **It is important to discuss details with your financial professional to increase the likelihood of an expected offer.**

Your Name _____

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

If you answer "yes" to any of the questions within this section, contact your agent - DO NOT send the application.

Are you pending any surgery? ☐ Yes ☐ No

Are you in the military with active deployment papers? ☐ Yes ☐ No

Have you filed for bankruptcy or had a bankruptcy discharged in the last two years? ☐ Yes ☐ No

POSSIBLE EXCLUSION/IMPAIRED RISK QUESTIONS

If you answer "yes" to any of the questions within this section, contact your agent to discuss possible solutions.

TOBACCO/NICOTINE/MARIJUANA USAGE

Do you smoke cigarettes or use other nicotine and/or marijuana products? ☐ Yes ☐ No

If yes, which product(s) do you use? ☐ Cigarettes ☐ Tobacco/Nicotine Products

☐ Marijuana — ☐ Recreational ☐ Medicinal How frequently? _____

HEIGHT/WEIGHT/BUILD-RELATED CONCERNS

What is your? Height _____ Weight _____

Have you undergone a gastric bypass procedure in the last five years? ☐ Yes ☐ No

MEDICAL PROCEDURES/SURGERIES

Do you have any planned or pending tests that need to be completed by a physician? ☐ Yes ☐ No

Are you regularly seeing a chiropractor or have you been seen by one in the last two to three years? ☐ Yes ☐ No

Have you ever had joint replacement? ☐ Yes ☐ No

Have you had fracture repair using metal plates, pins or other hardware? ☐ Yes ☐ No

MEDICAL DIAGNOSIS

Have you been diagnosed with any of the following?

☐ Arthritis

☐ Crohn's Disease or Colitis

☐ Cancer *(in last 10 years)*
If yes, Type? _____
If yes, date of diagnosis? _____
If yes, last treatment date? _____

☐ Diverticulitis

☐ Fibromyalgia

☐ Cardiovascular Disorder (Heart Attack, Stroke, Other) *(in 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

Are you taking medication for a mental or psychological condition? ☐ Yes ☐ No

If yes, what is the specific condition? _____

If yes, what is the medication? _____ What milligram? _____

Are you currently taking anxiety medication(s) prescribed due to work-related stress? ☐ Yes ☐ No

Are you currently taking medication prescribed for ADHD? ☐ Yes ☐ No

Contact your broker for more information.

FRONTIER