THE CASON GROUP

CLIENT DISABILITY INSURANCE PRE-SCREEN

COMPLETION OF A PRE-SCREEN QUESTIONNAIRE MAY ACCELERATE THE UNDERWRITING PROCESS

Name *(First, Middle, Last)*

Address

Date of Birth *(Month/Day/Year)*	Age	Gender	Total K-1 Income (Salary, Bonus, etc.)

Occupation (Please include job duties and percentage of time spent for each):

Business owner? ☐ No ☐ Yes

If yes, # of employes:_____

Existing In-force Disability Insurance:

Individual: _____ Taxable: ☐ Yes ☐ No

Group: _____ Taxable: ☐ Yes ☐ No

Monthly Benefit Cap: _____

PROPOSED COVERAGE

Benefit amount: _____

Benefit period: _____

Elimination period: _____

Riders:

- ☐ Cost of Living Adjustment
- ☐ Own Occupation
- ☐ Residual Disability
- ☐ Catastrophic Disability
- ☐ Other:_____

NICOTINE USE

Current Nicotine Use:

- ☐ None
- ☐ Cigarettes - packs per day: _____
- ☐ Cigars - quantity per month: _____
- ☐ Pipe
- ☐ Dip/Chew
- ☐ Nicotine Replacement (e.g. patch or gum)
- ☐ Vape/E-cigarette
- ☐ Other: _____

Previous Tobacco Use *(list each type of tobacco, quantity, and frequency used, and date of last use)*: _____

_____

MEASUREMENTS

Height: _____ feet _____ inches Weight: _____ pounds Any change in weight more than 10lbs in the last 6 months: _____lbs gained _____ lbs lost

Method of weight loss (e.g., diet exercise, medications, unintentional): _____

MEDICAL HISTORY

Have you ever had, been told you had, or been treated for any of the conditions listed? If yes, check all that apply:

- ☐ Alcohol use disorder/ at risk drinking
- ☐ Alzheimer's/dementia/cognitive impairment
- ☐ Asthma/COPD/other lung disorder
- ☐ Back or other chronic pain or musculoskeletal/joint problems (Please specify: _____)
- ☐ Barrett's esophagus/other GI condition
- ☐ Cancer (type: _____)
- ☐ Cirrhosis/fatty liver disease
- ☐ Coronary artery or other heart disease
- ☐ Depression/anxiety/ADHD or other psychiatric illness (Please specify:_____)
- ☐ Disorders of the genitourinary/reproductive systems
- ☐ Glucose intolerance/Diabetes (Type:☐1 ☐ 2; Hgb A1c: _____)
- ☐ Eye/vision problems
- ☐ GERD or other GI condition (Please specify: _____)
- ☐ Hearing impairment
- ☐ Heart murmur/valve disease
- ☐ Hepatitis (type: _____)
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Illicit substance use
- ☐ Inflammatory bowel disease (e.g. Crohn's disease or ulcerative colitis)
- ☐ Irregular heartbeat/palpitations
- ☐ Lupus
- ☐ Kidney disease
- ☐ Marijuana/CBD use (☐recreational ☐ prescribed) Amount/frequency of use: _____
- ☐ Multiple sclerosis/seizures/other neurological disorder
- ☐ Neuropathy
- ☐ Peripheral vascular disease
- ☐ Rheumatoid arthritis or other rheumatic/ autoimmune disorders
- ☐ Sleep apnea or other sleep disorder (☐Prior sleep study ☐ Uses CPAP
- ☐ Stroke or other cerebrovascular disease
- ☐ Any other conditions not listed above: _____

If any medical conditions are noted above, please complete the applicable illness-specific questionnaires to improve the accuracy of the pre-screen results.

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List dates, diagnosis, details, treatments (including past surgeries/operations):

List current/recent medications and supplements. Please include reason for medication if not specified above:

AVIATION/AVOCATION

In the past 5 years, have you or do you intend to participate in any of the activities listed?

- ☐ None
- ☐ Flying
- ☐ Mountain climbing
- ☐ Racing
- ☐ Skydiving
- ☐ Scuba diving
- ☐ Other (Please specify): _____

If the client participates in any of the above activities, please complete the applicable avocation questionnaire

AGENT INFORMATION

Agent Name

Agent Phone Number

E-mail Address