



Disability Income Pre-Screening Questionnaire

For Agent Use Only

The Representative should ask the prospect these questions before the application is written and submitted to the DI New Business Center.

Name _____ DOB _____ M/F _____

State of Residence _____

Agent Name _____ Branch # _____

Phone # _____ E-mail _____

MEDICAL HISTORY:

When was the last time you used tobacco in any form? Date _____ Never _____

What is your height and weight? Ht. _____ Wt. _____

Are you currently taking any medication? Yes _____ No _____

Are you pregnant? (Females only) Yes _____ No _____

Do you have a history of:

Neck or back disorders? Yes _____ No _____

Mental/Nervous conditions? Yes _____ No _____

Diabetes/High Cholesterol/Hypertension? Yes _____ No _____

In the last 5 years, have you seen any:

Physicians? Yes _____ No _____

Chiropractors? Yes _____ No _____

Counselors/Psychiatrists? Yes _____ No _____

If you answered "Yes" to any of the above, please provide full details (attach supplement if you need additional space):

Please provide details of any other material medical history not disclosed above (attach supplement if you need additional space):

OTHER DISABILITY INCOME INSURANCE:

Do you have any Group Disability Insurance? Yes _____ No _____

Do you have any Individual Disability Insurance? Yes _____ No _____

Do you have any Association Disability Insurance? Yes _____ No _____

For CA Prospects Only: If self-employed, are you covered under the state disability insurance plan? Yes _____ No _____

If you answered "Yes" to any of the above, please provide full details (amount, elimination period, benefit period):

OCCUPATION:

Exact Occupational duties and % time spent on each duty:

_____%
_____%
_____%

Length of time at current employer _____ No. Supervised _____

Are you self-employed? Yes _____ No _____

Do you work from your home? Yes _____ No _____

Are you a Federal, State or City employee? Yes _____ No _____

If you answered "Yes" to any of the above, please provide full details. For instance, the number of employees you have working for you, the percentage of work time outside your home that is required or the name of the Public Entity you are employed by:

FINANCIAL:

Gross Earnings (after expenses if self-employed)

Current Year to Date \$ _____ Last Year \$ _____ 2 Years ago \$ _____

Do you have annual unearned income (e.g., dividends, interest) that exceeds 10% of earned income or does your net worth exceed \$3,000,000? Yes _____ No _____

Did you receive any bonuses in the last 3 years? Yes _____ No _____

If you answered "Yes" to any of the above, please provide details (actual net worth, actual unearned income, sources, amount of bonus each year, etc.):

Are you a permanent resident/citizen of the United States? Yes _____ No _____

Questions? For local support in CA., call 877-939-8882. Scott - Ext 1121,
Fax 877-672-9133 or email abailey2@metlife.com Avery - Ext 1134