



Life, Disability Income, Long Term Care & Retirement Intake Form

Name: _____ Date of Birth: _____ Telephone: _____

Email: _____ Smoking Status: _____ Height: _____ Weight: _____

Type of Insurance to Quote: Cash Value____ Term____ Disability ____ Long Term Care ____
(Cash Value Life can be more expensive, but builds cash value over the years. Term Life is usually less expensive, and is for a designated term, i.e., 10, 15 or 20 years but does not build cash value)

Desired Amount of life insurance: _____ W-2 Earned Income: _____

Purpose of insurance policy: _____

Disability Income Monthly Benefit Desired: _____ (Up to 60% of W-2 Income)

Disability Income Waiting Period _____ Days (30, 60 or 90)
The waiting period is the period of time between the onset of a disability, and the time you are eligible for benefits.

Long Term Care Daily Benefit: _____ \$100 - \$300/Day Waiting Period _____ Days (30, 60 or 90)
The waiting period is the period of time between the onset of a disability, and the time you are eligible for benefits.

Pre-Existing or Ongoing health matters:

What medications and dosage and for what condition/date of onset?

Retirement Plans

Do you or your spouse have any previous employer's 401-k money?

401-k Plan Balance: _____ Spouse 401-k Plan Balance: _____

Do you or your spouse have any IRAs that are guaranteed not to lose money?

IRA Plan Balance: _____ Spouse IRA Plan Balance: _____

Are your retirement plans set up to be Multi-Generational or are they under the Government's Default Plan? _____ (I better have Marc Weiss contact you...)

Please fax completed form to 818-888-1312