



**SMITHSON  
INSURANCE  
SERVICES**

*Life Insurance,  
Long Term Care & Disability,  
Group & Individual,  
Medical, Dental & Vision,  
Medicare & Part D Rx Plans  
Annuities*

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DISABILITY INCOME FACTFINDER

1. NAME \_\_\_\_\_
2. DATE OF BIRTH \_\_\_\_\_
3. SMOKER \_\_\_\_\_ NON-SMOKER \_\_\_\_\_
4. HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_
5. LENGTH OF EMPLOYMENT \_\_\_\_\_
6. \_\_\_\_\_
7. OCCUPATION \_\_\_\_\_
  - A. Daily duties \_\_\_\_\_
  - B. Name of business \_\_\_\_\_
  - C. Age of business \_\_\_\_\_
  - D. Nature of business \_\_\_\_\_
  - E. Type of Corporation; C Corp \_\_\_\_\_ SUB-S \_\_\_\_\_  
PC \_\_\_\_\_ Partnership \_\_\_\_\_
8. HOW MUCH MONTHLY BENEFIT?
  - A. Employer Pay \_\_\_\_\_ Employee-Pay \_\_\_\_\_
  - B. Earned Income (after expenses - before taxes)

	<u>CURRENT YEAR</u>	<u>ONE YEAR PRIOR</u>	<u>TWO YEARS PRIOR</u>
Salary	_____	_____	_____
Bonus	_____	_____	_____
Pension	_____	_____	_____
Profit Sharing	_____	_____	_____
<u>TOTAL INCOME</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
9. UNEARNED INCOME \_\_\_\_\_  
(eg. real estate, child support, trust funds, etc.)
10. WHEN SHOULD BENEFITS BEGIN? \_\_\_\_\_  
(30, 60, 90, 180 days?)
11. HOW LONG ARE BENEFITS TO BE PAYABLE? \_\_\_\_\_  
(eg. 2 yrs., 5 yrs., till Age 65 ? etc...)

These are some general questions we need answers for in order to best service your request for quotes.

Please send, fax or drop off at the office, or just call for an appointment.