



Lumbermens Life Agency  
Phone: 1-800-752-0074,x3127

**Fax To:**  
**1-866-248-0201**

E-mail: homeoff@llainc.com

# Disability, Long-term Care, and Critical Illness Request

## ***Proposed Client Information:***

1. Name \_\_\_\_\_ Address \_\_\_\_\_

2. Male/Female \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

3. ANY tobacco usage (Please explain below)?  
Never \_\_\_\_\_ Current Tobacco User \_\_\_\_\_ Type and amount? \_\_\_\_\_  
None in 12 mos \_\_\_ 24 mos \_\_\_ 36mos \_\_\_ 60 mos \_\_\_\_\_

4. Any family history of cancer or cardiovascular disease prior to age 60 of parents or siblings? (relationship, diagnosis age at onset, & age at death)

\_\_\_\_\_

5. Any medications and what for?

\_\_\_\_\_

6. Any medical condition in the last "10 years" such as heart condition, diabetes, cancer, anxiety/depression, alcohol/drug treatment, high cholesterol or blood pressure? Explain:

\_\_\_\_\_

7. Any DUI or reckless driving conviction(s)? \_\_\_\_\_ If so, when? \_\_\_\_\_

8. Any intended travel outside the US in the next 24 months? If so, where, when and for how long?

\_\_\_\_\_

### **Disability**

1. Annual Income \_\_\_\_\_
2. Occupation \_\_\_\_\_
3. Duties \_\_\_\_\_
4. Business Owner Y N
5. Monthly Benefit \_\_\_\_\_
6. Benefit Period  
2 5 10 Age 65 Age 67
7. Elimination Period  
30 90 180
8. Employer Paid Y N
9. Existing Coverage  
Amt \_\_\_\_\_
10. Replacing Y N

### **Long-Term Care**

1. Monthly Benefit \_\_\_\_\_
2. Benefit Months  
24 36 48 60
3. Shared Plan Y N
4. Elimination Period  
30 90 180
5. Existing Coverage  
Amt \_\_\_\_\_
6. Replacing Y N

### **Critical Illness**

1. Annual Income \_\_\_\_\_
2. Occupation \_\_\_\_\_
3. Mortgage Balance \_\_\_\_\_
4. Base Policy Amt \_\_\_\_\_
5. Ad&d Benefit Rider Y N
6. Hospital Confinement Rider  
Y N
7. Disability Benefit Rider  
Y N
8. Employer Paid Y N
9. Existing Coverage  
Amt \_\_\_\_\_
10. Replacing Y N

Notes:

**Agent Name** \_\_\_\_\_ **Return by FAX/E-mail** \_\_\_\_\_

**Fax the facts today!**

This information is requested only to assist us in providing you an accurate quote.  
Filling out this form does not constitute an application for insurance.