IN205

DISABILITY INSURANCE COVERAGE

INSURED PERSON: _____

EMPLOYER SICK LEAVE

OF SICK DAYS _____

OTHER NOTES: _____

LONG-TERM DISABILITY

COVERAGE? __ _____

INCOME %: _____

WAITING PERIOD: _____

BENEFIT PERIOD: _____

OWN OCCUPATION OR ANY OCCUPATION POLICY? _____

OTHER NOTES: _____

SHORT-TERM DISABILITY

COVERAGE? __ _____

INCOME %: _____

WAITING PERIOD: _____

BENEFIT PERIOD: _____

OTHER NOTES: _____

SOCIAL SECURITY DISABILITY

COVERAGE? __ _____

MONTHLY BENEFIT: _____

OTHER NOTES: _____