

REQUEST FOR DISABILITY INSURANCE PROPOSAL

Ryan Insurance Strategy Consultants

Please see the bottom of this form from a link and instructions on how to send the completed form securely.

For questions call 800-796-0909

General Information:

Your Name _____ Date _____
Your Phone _____ Your Email _____
Your Advisor's Name _____ Advisor Phone/Email: _____

Personal Profile:

Male _____ Female _____ State of Residence _____ Date of Birth _____
U.S. Citizen? Yes _____ No _____ If no: Status/Visa type _____
Height _____ Weight _____ Weight 1 year ago _____ Reason for change _____
Occupation _____ Annual Income _____

Have you had any traffic violations (including DUI) in the past 5 years? If so, type and number of infraction?

Do you engage in any of the following: Pilot, scuba diving, rock climbing or hang gliding? If so, which activity, and how often?

Have you traveled outside of the United States in the past 5 years or do you have plans to travel outside of the United States in the next 2 years? Yes _____ No _____ ? If yes, please provide location, duration and reason for trip _____

Health Profile:

In the last 5 years, have you:

1) Used tobacco, any nicotine products or marijuana? If yes, date of last use _____ Type _____

2) Taken any prescription medication? Yes _____ No _____ If yes, list name and dosage of medication, how long you've been taking the medication, condition/diagnosis, and any changes to dosage in last 12 months _____

3) History of anxiety, depression, or psychological counseling? If yes, describe treatment, date of diagnosis, date of last treatment and if treatment is ongoing: _____

4) Any hospitalizations or surgeries? Yes _____ No _____ If yes, dates, diagnosis, treatment _____

5) Any other medical treatment/diagnosis/medications in last 5 years not listed above? If so, please provide details: _____

6) Had any surgeries or diagnostic tests been recommended but not yet done? If so, please provide details: _____

Have you ever been:

1) Declined or rated for Life or Disability insurance? If yes, date and reason _____

2) Been diagnosed with:

Asthma Arthritis Diabetes Heart Problems or Murmur Stroke Sleep Apnea
Cancer Muscular or Skeletal Issues Drug or Alcohol Dependency Digestive System Disorders

If yes, provide details of diagnoses and treatment _____

Occupational Information:

Job Title (if a doctor, please provide specialty/sub-specialty) _____

Name of employer _____ Hours per week worked _____

Advanced Degrees or professional designations _____

How many years in this job? _____ How many years with your current employer? _____

Do you travel for business? Yes No If yes, what percentage of your time do you spend traveling? _____

Do you have disability insurance through your employer? Yes No If yes, what percentage of your earnings is covered, what is the maximum monthly benefit and who pays the premium? _____

Do you have personal disability insurance? Yes No If yes, amount of monthly benefit? _____

Do you work from home? Yes ___ No ___ If Yes, what percentage of time working at home? ___%

	YTD	Last Year	2 Years Ago
Base Salary			
Bonuses, Commissions			
Retirement Contributions			
Unearned Income			

For Business Owners:

What type of business entity do you have? Sole Proprietor, S-Corp, C-Corp, LLC? _____

When was the business started? _____ What percentage of the business do you own? _____

How many employees do you have? Full Time Part Time _____

How much are your monthly expenses? _____

Do you have a business loan? Yes ___ No ___

Instructions: Email this using a secured and encrypted ShareFile link.

1. Save the completed form to a file or folder on your computer.
2. Click on the name of the representative below.
3. You will be directed their ShareFile "upload document" page.
4. Drag and drop or click "Browse Files" to upload the RFP to ShareFile from your computer.
5. Click "Upload" in bottom right corner of ShareFile screen and your finished.

Theresa Klewsaat Long Term Care & Term Life Insurance

Jodi Kissner Term Life & Disability Insurance

Personal ShareFile Links:

Rees Hamner Disability Insurance

John Ryan Disability Life & Long Term Care Insurance