

AAOS DISABILITY INCOME QUOTE REQUEST FORM

Full Name: _____ DOB: _____

Street Address: _____

City: _____ State (or province): _____ Zip Code: _____

Email: _____

Home Phone: _____ Cell Number: _____

Best to contact if any questions or requirements

Male

Female

TYPE OF PHYSICIAN: _____

Duties at Work: _____

Are you self-employed? If so, how long, how many employees, and what percentage of ownership of the company? Yes No

Do you participate in any activity that might be considered hazardous? _____

Do you use any tobacco products or nicotine substitutes? Yes No

Is your weight average for your height and age? Yes No

Is there anything significant about your health history? Do you take any medication? Do you receive treatment from a chiropractor?

Have you ever taken antidepressant medication or received counseling for any reason? _____

What is your taxable earned income for this year? _____ For last year? _____

Are you still a resident? Yes No If "Yes," for how many years? _____

Do you currently have group or individual disability income coverage? If so, which (group or individual), what is the amount of coverage, and is it employer or employee paid? (Indicate below.)

| GROUP OR INDIVIDUAL | MONTHLY BENEFIT | EMPLOYEE PAID? |
|---------------------|-----------------|--|
| | | <input type="radio"/> Yes <input type="radio"/> No |
| | | <input type="radio"/> Yes <input type="radio"/> No |
| | | <input type="radio"/> Yes <input type="radio"/> No |

QUOTE PLAN REQUEST:

Amount applying for per month:

\$ _____
(\$17,000 max)

PLAN BENEFITS:

To Age 65 _____

To Age 67 _____

To Age 70 _____

WAITING PERIODS:


90 Days _____


180 Days _____

365 Days _____

REPLACING COVERAGE: Yes No

Please return your completed form to the **AAOS Member Insurance Plan Administrator** using one of the following methods. We will contact you for the necessary follow-up.

 **By Mail To:**
Pearl Insurance
AAOS Member Insurance Plan Administrator
1200 E. Glen Avenue, Peoria Heights, IL 61616

 **By Email To:**
sales@aaosinsurance.com

 **By Fax At:**
866.817.9009