AAOS
American Association of Orthopaedic Surgeons

Underwritten By:
Principal Financial Group
Principal Life Insurance Company
Des Moines, Iowa 50392-0001
principal.com

AAOS DISABILITY INCOME QUOTE REQUEST FORM

Full Name: _____ DOB: _____

Street Address: _____

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

◯ Male
◯ Female

Email: _____

Home Phone: _____ Cell Number: _____
Best to contact if any questions or requirements

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?
		◯ Yes ◯ No
		◯ Yes ◯ No
		◯ Yes ◯ 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