

DISABILITY INSURANCE POLICY CHECKLIST

Insured: _____	Amt. of Coverage: _____
Insurance Co. _____	Premium: _____
Policy #: _____	Today's Date: _____

- | | YES | NO |
|---|-------|-------|
| 1. Does my company have a Comdex rating of at least 80? | _____ | _____ |
| 2. Is my policy non-cancelable (aside from expiration date)? | _____ | _____ |
| 3. Are the premiums guaranteed? | _____ | _____ |
| 4. Does the definition of total disability protect me in my occupation? | _____ | _____ |
| 5. Are part-time and full-time return-to-work income replacement benefits included and payable to age 65?
If not: _____ | _____ | _____ |
| 6. Can I receive benefits without being totally disabled first? | _____ | _____ |
| 7. Does my policy use the "earned and received" method of accounting during my residual (partial) disability? | _____ | _____ |
| 8. Can my earnings loss be averaged to generate a greater benefit? | _____ | _____ |
| 9. When I am on claim, are my policy benefits adjusted for inflation? | _____ | _____ |
| 10. Can I increase my monthly benefits even if I am uninsurable?

If so, can these increases be made (and are they payable) during an existing claim? | _____ | _____ |
| 11. Does my policy pay benefits for my lifetime if totally disabled?
If not: _____ | _____ | _____ |