# **Assurity** Disability Insurance

Checklist for Submitting a Completed Application

Here are some tips from our Underwriting Department to help increase your success! We're always available if you have questions at: 800-276-7619 Ext. 4264 or underwriting@assurity.com.

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# **Employees**

Employee Only	Monthly Benefit Amount	Documents Needed
	\$6,000 or less	None
Not Self-Employed	More than \$6,000	<ul><li>2 Current Paystubs</li><li>Federal Tax Form W-2 or Federal Tax Return</li></ul>
	\$4,000 or less	None
Self-employed or commissioned	More than \$4,000 and 1-year, 2-year, 5-Year, or 10-Year benefit period	<ul><li>☐ Federal Tax Return with all Schedules</li><li>☐ Federal Tax Form W-2</li></ul>
salesperson	More than \$4,000 and to-age-65 or to-age-67 benefit period	<ul><li>2 years Federal Tax Returns with all Schedules</li><li>Federal Tax Form W-2</li></ul>

NOTE: Any occupation class 2A applicant desiring a to-age-65 or to-age-67 benefit period must supply income verification regardless of the amount of monthly benefit requested.

### **Businesses**

Business	Personal Documents Needed	Business Documents Needed	
Sole Proprietor	☐ Federal Tax Form 1040, including Schedule C	None	
Farmer or Rancher	☐ Federal Tax Form 1040, including Schedule F	None	
Owner of C Corporation	☐ Federal Tax Form W-2	☐ Federal Corporate Tax Form 1120, including Schedule E	
Owner of S Corporation	<ul><li>☐ Federal Tax Form W-2</li><li>☐ Federal Tax Form 1040, including Schedule E,</li><li>Part II</li></ul>	☐ Federal Corporate Tax Form 1120S, including Schedule K-1	
Partner of Partnership	☐ Federal Tax Form 1040, including Schedule E, Part II	☐ Federal Partnership Tax Form 1065, including Schedule K-1	

# **Health History**

Please use the Agent Checklist if your client has any health history.

Also, make sure to provide the doctor's information with the application.

# **Non-Medical Limits & Exam Requirements**

If using a drop ticket, Assurity will schedule the medical requirements.

If not using a drop ticket, please schedule the requirements indicated below using one of the authorized paramedical firms listed.

	Age	Monthly Benefit Amount	Exam Paramedical Exam	UA Urinalysis	BLD Blood Requirements	<b>EKG</b> Electrocardiogram
Ĭ	18-55	\$500 - \$6,000	No	No	No	No
	10-33	\$6,001 and above	Yes	Yes	Yes	No
	56-60	\$500 - \$4,500	No	No	No	No
		\$4,501 and above	Yes	Yes	Yes	Yes

NOTE: These limits are subject to change at any time. Assurity reserves the right to require a medical exam and/or other medical requirements on any applicant.

#### **Authorized Paramedical Firms**

Our authorized paramedical firms have the examination forms, containers and blood draw kits in stock. For significant medical health histories or if the applicant has previously been declined, contact the New Business Contact Center prior to scheduling an examination.

American Paraprofessional Systems, Inc. (APPS)	800-967-1499
Examination Management Services (EMS)	800-872-3674
Quest Diagnostics – ExamOne	800-873-8845
Hooper Holmes Portamedic National Service Center	800-765-1010

# **Personal History Interviews**

Our team at Assurity conducts personal history interviews with your clients, which are ordered for applications with monthly benefits exceeding \$6,000 (for all applications in California, regardless of monthly benefit). An interview may be ordered on any benefit amount if necessary, at the underwriter's discretion.

		Inform your client that he/she may receive a phone call regarding a Personal Health Interview.
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If applicable, indicate your client's time preference for the interview on the application.

Assurity Interview Department: 877-611-4701

Monday – Thursday: 7 a.m. – 8 p.m. CST Friday: 7 a.m. – 6 p.m. CST Saturday: 9 a.m. – 1 p.m. CST

For complete details, please refer to Assurity's Underwriting Guide.

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