

# individual DI and BOE fact finder

Date: \_\_\_\_\_

## Personal

Name: \_\_\_\_\_ Sex:  Male  Female  
 Date of Birth: \_\_\_\_\_ Tobacco User:  Yes  No  
 Occupation (including specific duties): \_\_\_\_\_  
 \_\_\_\_\_  
 Benefit amount desired: \_\_\_\_\_ Elimination period desired: \_\_\_\_\_ Benefit period desired: \_\_\_\_\_

### Self Employed

Gross Business Income: \_\_\_\_\_  
 – Business Expenses: \_\_\_\_\_  
 + Other Earned Income: \_\_\_\_\_  
 Pension Contribution: \_\_\_\_\_  
 Unearned Income Over \$20,000: \_\_\_\_\_  
 Resident State: \_\_\_\_\_  
 State of Employment: \_\_\_\_\_  
 State Cash Sickness:  Yes  No  
 Existing Coverage:  LTD  STD  Sick Pay  Individual  
 Details of Existing Coverage: \_\_\_\_\_  
 \_\_\_\_\_

### Non Self Employed

Salary: \_\_\_\_\_  
 + Bonus: \_\_\_\_\_  
 + Other Earned Income: \_\_\_\_\_  
 Contract State: \_\_\_\_\_  
 Eligible for Social Security:  Yes  No

## Individual Financial Needs Analysis

### Expenses

Rent/Mortgage: \$ \_\_\_\_\_  
 Food: \$ \_\_\_\_\_  
 Utilities (water, heat, electricity, phone): \$ \_\_\_\_\_  
 Transportation (car payments, maintenance, repairs, gasoline): \$ \_\_\_\_\_  
 Installment Payments (credit cards, loans, student loans): \$ \_\_\_\_\_  
 Insurance Premiums (life, health, car, medical, home): \$ \_\_\_\_\_  
 Total Monthly Expenses: \$ \_\_\_\_\_

### Monthly Amount

### Income

Current Disability Benefits (group, individual, association): \$ \_\_\_\_\_  
 Other Income Sources: \$ \_\_\_\_\_  
 Other Benefits (Social Security, Workman's Compensation, veteran's compensation, etc.): \$ \_\_\_\_\_  
**Total Monthly Income:** \$ \_\_\_\_\_

### Monthly Amount For How Long? Elimination Period

Ameritas Life Insurance Corp.  
 Ameritas Life Insurance Corp. of New York



## Business Overhead Expense Financial Needs Analysis\*

<b>Expenses</b>	<b>Monthly Amount</b>
1. Utilities – heat, water, electric and telephone . . . . .	\$ _____
2. Employees' wages including payroll taxes and contributions for benefits . . . . .	\$ _____
3. Property and liability insurance . . . . .	\$ _____
4. Rent, or the greater of scheduled depreciation for tax purposes or scheduled installment payments of principal and interest . . . . .	\$ _____
5. Taxes on owned business property used in your daily business operation . . . . .	\$ _____
6. Lease payments, scheduled payments, or if greater, scheduled depreciation for equipment . . . . .	\$ _____
7. Accounting, billing and collection service fees . . . . .	\$ _____
8. Business loans/business debts . . . . .	\$ _____
	(total of all loans)

Loan 1	Purpose of Loan (building, equipment, etc.)	Type of Loan (term, variable rate, etc.)	Amount of Loan	Duration of Loan
Loan 2	Purpose of Loan (building, equipment, etc.)	Type of Loan (term, variable rate, etc.)	Amount of Loan	Duration of Loan
Loan 3	Purpose of Loan (building, equipment, etc.)	Type of Loan (term, variable rate, etc.)	Amount of Loan	Duration of Loan

9. Laundry and maintenance services . . . . .	\$ _____
10. Other normal and fixed charges acceptable as tax-deductible business overhead expense by the IRS . . . . .	\$ _____
<b>Total Monthly Business Expenses</b> . . . . .	<b>\$ _____</b>
(Other BOE Coverage In Force) . . . . .	\$ _____
<b>Total BOE Coverage Needed</b> . . . . .	<b>\$ _____</b>

\*Expenses for which you are actually responsible.

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