



Disability Income Needs Evaluation Worksheet

Personal and Family Information		
	Individual	Spouse
Name		
Date of Birth		
Home Address		
Home Phone		
City, State, Zip		
Cell Phone		
Email Address		

Employment Information		
	Individual	Spouse
Employer		
Address		
Work Phone		
Title / Position		
Duties		
Salary		

Current Disability Income Coverage: Group		
Group Coverage	Individual	Spouse
Company		
Monthly Benefit		
Elimination Period		
Benefit Period		
Riders		
Occupational Class		
Annual Premium		

Current Disability Income Coverage: Personal		
Personal Coverage	Individual	Spouse
Company		
Monthly Benefit		
Elimination Period		
Benefit Period		
Riders		
Occupational Class		
Annual Premium		

Review

- ❖ We will interview you to review your current needs and purpose for disability insurance and complete the Insurance Evaluation Worksheet to assess your objectives and existing policies

Analyze

- ❖ We will examine your policy summary definitions page to analyze your existing premiums and benefits then compare optional coverage, policy provisions, and guarantees

Evaluate

- ❖ We will use Policy Review Software to evaluate the situation based on data compiled to determine if your existing amount and type of insurance meets your goals

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