

# Pre-Quote Case Checklist



Before submitting a disability insurance (DI) quote request, please familiarize yourself with your client's financial and medical history. If your client answers "yes" to any of the following questions, there is a strong possibility that his or her application may be declined or considered an impaired risk. Please set appropriate expectations with your client.

Client Name \_\_\_\_\_

## KNOCKOUT QUESTIONS - DO NOT SEND QUOTE REQUEST/CASE IS A DECLINE

If your client answers "yes" to any of the questions within this section, contact the Crump DI Solution Center - DO NOT send the application.

Is your client pending any surgery?  Yes  No

Is your client in the military with active deployment papers?  Yes  No

Has your client filed for bankruptcy or had a bankruptcy discharged in the last two years?  Yes  No

## POSSIBLE EXCLUSION/IMPAIRED RISK QUESTIONS

If your client answers "yes" to any of the questions within this section, contact the Crump DI Solution Center to discuss possible solutions.

### TOBACCO/NICOTINE/MARIJUANA USAGE

Does your client smoke cigarettes or use other nicotine and/or marijuana products?  Yes  No

If yes, which product(s) does your client use?  Cigarettes  Tobacco/Nicotine Products  Marijuana

### HEIGHT/WEIGHT/BUILD-RELATED CONCERNS

What is your client's? Height \_\_\_\_\_ Weight \_\_\_\_\_

Has your client undergone a gastric bypass procedure in the last five years?  Yes  No

### MEDICAL PROCEDURES/SURGERIES

Does your client have any planned or pending tests that need to be completed by a physician?  Yes  No

Is your client regularly seeing a chiropractor or has he/she been seen by one in the last two to three years?  Yes  No

Has your client ever had joint replacement?  Yes  No

Has your client had fracture repair using metal plates, pins or other hardware?  Yes  No

### MEDICAL DIAGNOSIS

Has your client been diagnosed with any of the following?

Arthritis

Crohn's Disease or Colitis

Cancer  
(in the last 10 years)

Diverticulitis

Fibromyalgia

Heart Attack or Stroke  
(in the last 10 years)

HIV

Irritable Bowel Syndrome (IBS)

Lupus

Multiple Sclerosis

Pregnancy Complications  
(under age 50)

Sleep Apnea

If yes, is CPAP used?  Yes  No

Type 1 or Type 2 Diabetes

If yes, Type 1 or Type 2? \_\_\_\_\_

If yes, date of diagnosis? \_\_\_\_\_

If Type 2, last A1C reading? \_\_\_\_\_


### MENTAL/PSYCHOLOGICAL

Is your client taking more than one medication for a mental or psychological condition?  Yes  No

Is your client currently taking anxiety medication(s) prescribed due to work-related stress?  Yes  No

Is your client currently taking medication prescribed for ADHD?  Yes  No

Contact the Crump Disability Solution Center for more information.

 800.582.7785, option 3, option 1

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