



## Confidential Financial Supplement

Name ( <i>First, M.I., Last</i> )	Date of Birth ( <i>Mo., Day, Yr.</i> )
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This information will be kept confidential and will be used for underwriting purposes in connection with the purchase of insurance, and may be used for the determination of benefits under the policy in the event of a claim.

### SECTION A

What were your personal earnings from your occupation or profession as reported on your Federal Tax Return?	2 Years Ago	Last Year	Current Year
1. Total Income from Salary, Wages, Fees, Commissions, Bonuses and other remuneration from your vocational activities (From Form 1040)	\$	\$	\$
2. Tax Deductible Business Expense (From Form 2106 or Schedule C)	(-)	(-)	(-)
3. Total Earned Income			
4. <b>TO BE COMPLETED BY A NON PHYSICIAN APPLICANT ONLY</b> Employer Paid Profit Sharing Contributions			
5. <b>TO BE COMPLETED BY A NON PHYSICIAN APPLICANT ONLY</b> Employer Paid Pension Contributions			
6. <b>TO BE COMPLETED BY A NON PHYSICIAN APPLICANT ONLY</b> Unearned Income (From Section B below)			
7. <b>TO BE COMPLETED BY A PHYSICIAN APPLICANT ONLY</b> Percentage of Earned Income Made from Non-Invasive (non-surgical) Medical Activities			
8. <b>TO BE COMPLETED BY A PHYSICIAN APPLICANT ONLY</b> Percentage of Earned Income Made from Invasive (surgical) Medical Activities			
9. <b>TO BE COMPLETED BY A PHYSICIAN APPLICANT ONLY</b> Percentage of Ownership in Practices and/or Clinics			
10. <b>TO BE COMPLETED BY A PHYSICIAN APPLICANT ONLY</b> Estimated Value of Your Share in Practices and/or Clinics			

### SECTION B

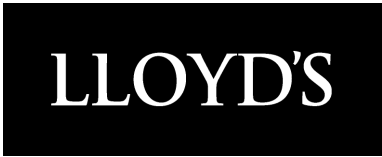
Record other Income as reported in your Federal Tax Return

1. Dividends
2. Interest
3. Net Realized Capital Gains
4. Rental Income (Gross less cash spent but before depreciation)
5. Trust or Tax-Sheltered Income
6. Other (Provide details in Section D below)
7. TOTAL UNEARNED INCOME

### SECTION C

**Record your Estimated Net Worth** (Gross Worth less any Outstanding Mortgage, Loans and Other Debts)

DESCRIPTION		DESCRIPTION	
1. Cash Savings, Stocks, Bonds	\$	4. Real Estate ó Primary Residence	\$
2. Interest in my Business (exclude goodwill)	\$	5. Other Real Estate	\$
3. Personal Property	\$	6. Other (Provide details in Section D below)	\$
7. TOTAL ESTIMATED NET WORTH			\$



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<b>SECTION D</b>
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REMARKS: Provide details here to the questions above. Please list item number. Specify earnings, listed in Section B6 above other than those earned from your primary occupation, if any, and include position and duties.
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<b>It is understood and agreed as follows:</b>
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| 1. I have read the statements and answers made above. They are, to the best of my knowledge and belief, true and complete and correctly recorded. The Company will rely on them to determine the amount, if any, of disability income insurance it will issue. |
| 2. This supplement will become a part of my application for insurance and any policy issued on it.   |

Dated: <i>(Mo., Day, Yr.)</i>
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Signature of Covered Individual	Witness (Licensed Representative)
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### GUIDELINES TO COMPUTE ADJUSTED ANNUAL INCOME

Item No.	Category	Explanation
1	Total Income	Amount of Income received from occupational activities before taxes. (From Form 1040)
2	Tax Deductible Business Expenses	Enter the total amount that can be appropriately claimed to IRS for valid deductibility. (From Form 2106 or Schedule C)
3	Total Earned Income	Total Income from Form 1040 less Tax Deductible Business Expenses from Form 2106 or Schedule C.
4	Profit Sharing Contributions	Amount paid by employer not to exceed 15% of earned Income. Enter zero if Item 5 below is calculated at the 25% of Earned Income maximum. Calculate on a three-year average.
5	Pension Contributions	Amount may not exceed 25% of Earned Income together with any amounts used in Item 4 above.
6	Unearned Income	<p>a) Amounts received from any source not directly related to the activities of an occupation. Included interest, dividends, realized capital gains and rental income (gross cash less amount spent but before depreciation), Trust or Tax-Sheltered Income.</p> <p>b) Unearned Income is used to determine the amount of benefit for which an individual is eligible.</p>