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Disability Insurance Checklist

Name: _____

About the contract:

- Do you know the purpose of the insurance... individual income, business overhead expense and/or key person protection?
- Do you know your benefit amount(s), length of benefit, and elimination (waiting) period?
- Are you familiar with the additional features of the contract such as COLA and riders... non-disabling injury, residual, etc.?

About your situation:

- Have you moved or changed any of your contact information?
- Has your income increased since the contract was written or reviewed?
- Have you bought a business, taken on a new business partner, or taken on any additional financial obligations?
- If you own a business, will you be able to cover your overhead expenses during a disability?
- Have you had significant changes in our family status... marriage, divorce, additional dependents?
- Did you buy a new home, upgrade your existing home, and/or make a significant change to your mortgage?
- Did you incur or do you plan to incur substantial debt?
- Have you changed employment and/or your group disability coverage?
- Have you had any significant changes to your health?
- How much longer do you expect to need this coverage?
- Have you considered a disability contract that would allow you to put money into retirement if you are disabled?