La Capitale

DISABILITY INCOME BENEFIT QUESTIONNAIRE

Last name

First name

Date of birth: Year Month Day

Application or Contract No.

1 Purpose of application

☐ **To cover a loan** (Attach proof of loan from a financial institution indicating the names of borrowers, the date and balance of the loan and the monthly payment amount)

☐ Mortgage loan ☐ Personal loan ☐ Agricultural loan ☐ Commercial loan ☐ Line of credit

Monthly payment (principal + interest) or current balance of line of credit used: $_____

Loan already insured in case of disability? ◯ Yes ◯ No **If so**, will this loan insurance be cancelled? ◯ Yes ◯ No

☐ **To cover a lease** (Attach a copy of the lease)

2 Are you ◯ a salaried employee? ◯ self-employed?

3 Name and address of your employer or company: _____

_____

4 Type of company (line of business): _____

5 If you are self-employed, what percentage is your interest in the company? _____%

6 Number of years with this employer or self-employed: _____

7 Number of hours worked/week: _____

8 Number of weeks worked/year: _____

9 Number of years in a similar company: _____

10 Type of employment: ◯ Temporary ◯ Permanent

11 What is your job title? _____

12 Brief description of your duties: _____

13 What percentage of your work is considered as manual work: _____%

14 What is your Annual gross income (including salary, commissions and bonuses): $ _____

15 Do you have any disability insurance, in force or pending, through your employer? ◯ Yes ◯ No **If so**, specify.

_____ _____

Name of the insurance company % of salary

La Capitale Civil Service Insurer Inc.
625 Jacques-Parizeau St, Quebec QC G1R 2G5

IND016E (05-2018)

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16 Do you have any disability insurance (including loan/credit insurance) in force or pending? ◯ Yes ◯ No **If so**, specify.

Year issued	Name of the insurance company	Monthly benefit
		$ _____ /month
		$ _____ /month

17 Have you ever received or requested disability benefits? ◯ Yes ◯ No **If so**, specify.

18 **Additional comments**

I hereby acknowledge and agree that the answers to the questions in this questionnaire are true and complete.

Signed at _____ on this _____ day of _____ 20 _____ .

X _____
Signature of proposed insured

X _____
Signature of witness

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