

Protect Your Income Disability Needs Analysis (DNA)

If Disabled, Would You Have an Income?

No

Yes

What is your occupation? _____

Great! Would you be interested in an analysis of your current program to ensure it is up to date?

OR

Employee

Self-Employed

Salary	\$ _____
Bonus	\$ _____
Total Annual	\$ _____

Gross Business Revenue	\$ _____
Less: Cost of Goods	(-\$ _____)
Less: Employee Wages	(-\$ _____)
Business Revenue	\$ _____

TIP: Do not include your own wages or those of your spouse if you're income splitting for tax reasons.

How long could you go without an income? 0 days 30 days 120 days

What is your age? _____

Do you have any health issues? _____

We now have everything needed to put together a plan to show you.
Let's take a look at something that would provide you with an income if you couldn't work.

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Employee

Elimination Period:

120 days

TIP: Employment Insurance covers you up to the 112th day.

Benefit Period:

5 years

To age 70

Self-Employed

Elimination Period:

0 days

30 days

120 days

Benefit Period:

5 years

To age 70

TIP: It's always better to go with To Age 70 Benefit Period in the event of a long term disability. Note: Occ Class 'BB' may only take the 5 Year Benefit Period

Business Overhead Expenses (Fixed Monthly Expenses)

\$ _____

Office Rent, Auto Payment, Insurance Costs, Phone Lease Equipment, Accounting Fees.

Monthly Cost to Protect Your Income*: \$ _____

Coverage is Immediate* - Why Not Start Now?

*Loss of Income & Business Overhead Expense covers Injuries Only and is Guaranteed to Issue with immediate coverage upon completion of an application form and payment of the 1st month's premium, and Qualifying questions satisfied.