

Disability Insurance Needs Analysis



About the Client

Name _____

Occupation _____

Date of Birth _____

State _____

Gender _____

Medical History _____

Key Talking Points

What is disability insurance?

If you are ever unable to work and earn a paycheck due to illness or injury, individual disability insurance will replace a significant portion of your income.

What does disability insurance protect?

Disability insurance protects your most important asset - your earning power. Without earning power, you can quickly lose all other assets including your home, vehicles and saving accounts.

How much does it cost?

Disability insurance costs roughly 2% of your gross pay and protects roughly 82% of your take home pay. Compared to the cost of home and auto insurance, it provides an amazing value.

Earnings at Risk

Client's Current Annual Income: \$ _____

Age Multiplier (from table below): _____

Earnings to Age 65:

\$ _____

Current Age	Multiplier*	Current Age	Multiplier*
25	67.4026	41	32.3490
26	64.7830	42	30.5844
27	62.2273	43	28.8629
28	59.7339	44	27.1833
29	57.3014	45	25.5447
30	54.9282	46	23.9460
31	52.6129	47	22.3863
32	50.3540	48	20.8647
33	48.1503	49	19.3802
34	46.0003	50	17.9319
35	43.9027	51	16.5190
36	41.8563	52	15.1404
37	39.8598	53	13.7956
38	37.9120	54	12.4835
39	36.0117	55	11.2034
40	34.1578		

Based on 2.5% earnings growth/year

©2025 Disability Insurance Services, Inc.

Monthly Expenses You Need to Cover

Mortgage/Rent: \$ _____

HOA Fees \$ _____

Utilities \$ _____

Loan payments: \$ _____

Food: \$ _____

Personal Care (clothing, haircuts, etc.) \$ _____

Transportation/Vehicles: \$ _____

Medical/Dental: \$ _____

Child Care: \$ _____

Alimony/Child Support: \$ _____

Tuition/Education: \$ _____

Property Taxes: \$ _____

Savings/Retirement: \$ _____

Other: \$ _____

TOTAL: \$ _____

For how long could you cover these expenses if you were unable to earn a paycheck due to an illness or injury?

Disability Insurance Policy Case Design

Client Name _____ Date _____

Benefit Level

- A. Total monthly expenses the client needs to cover \$ _____
- B. Total benefit the client can potentially qualify for based on chart below \$ _____
- C. Does the client have any existing LTD or IDI coverage? If so, what is the monthly benefit? \$ _____

Non-Taxable Benefit Limits by Income Level

Annual Income (\$)	Monthly Benefit Limit (\$)
60,000	3,410
70,000	3,850
80,000	4,280
90,000	4,710
100,000	5,140
120,000	5,950
140,000	6,800
160,000	7,640
180,000	8,500
200,000	9,410
225,000	10,545
250,000	11,680
275,000	12,490
300,000	13,300
325,000	14,175
350,000	15,050
375,000	15,575
400,000	16,100
425,000	16,525
450,000	16,950
475,000	17,475
500,000	18,000
600,000	20,000
700,000	22,000
800,000	24,000
900,000	26,000
1,000,000	28,000

Budget Considerations

Is there a maximum monthly budget we need to keep in mind while we generate quotes?

☐ YES ☐ NO

Max Monthly Benefit: \$ _____

Additional Case Design Notes

Elimination Period: (90 days is typical): _____

Future Purchase / Benefit Increase Option (recommended): ☐ YES ☐ NO

Other desired riders: _____

di done right

4444 Zion Ave • San Diego, CA 92120
800-898-9641 • www.diservices.com

©2025 Disability Insurance Services, Inc. | Source 180



disability
insurance
services **dis**