

UIC

INDIVIDUAL DISABILITY INSURANCE (IDI) GUARANTEED STANDARD ISSUE (GSI) PROGRAM QUESTIONNAIRE/INFORMATION FORM

**MEDICAL
RESIDENT**

DATE COMPLETED: _____

PLEASE PRINT Complete, Sign and Return to Lumsden & Associates, Inc. PLEASE PRINT

Phone: 800-789-6315 Fax: 866-789-6322 EMAIL: MAIL@LA-INS.NET

IDENTIFICATION	NAME			UIC DEPARTURE DATE
	First	Middle	Last	SOCIAL SECURITY NUMBER
	CURRENT ADDRESS			DATE OF BIRTH
	Street	City	State	Zip
	NEW FORWARDING ADDRESS			PHONE
	Street	City	State	Zip
BIRTH STATE:			CELL PHONE	
Are you a CITIZEN of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			SMOKER OR NON-SMOKER	
If "NO", what Country? _____ TYPE OF VISA: _____				

Personal EMAIL Address: _____

EMPLOYMENT	NEW EMPLOYER			NEW EMPLOYMENT DATE
	ADDRESS			PHONE
	Street	City	State	Zip
	MEDICAL SPECIALTY			SALARY / GUARANTEE \$
EMAIL Address:			INCLUDING BONUS	

POLICY INFO	LIST ANY OTHER EXISTING INDIVIDUAL DISABILITY COVERAGE		
	Company Name	Monthly Benefit Amount	Effective Date of Coverage
	LIST ANY GROUP DISABILITY COVERAGE PROVIDED BY NEW EMPLOYER		
	Company Name	Monthly Benefit Amount	Effective Date of Coverage
Premium Amount:	PREMIUM MODE (CHECK ONE)		Effective Date of Coverage
	[] Annual [] Semi-Annual [] Quarterly [] Monthly		

SIGNATURE

DATE

NOTES
