Standard Insurance Company

Reset

Individual Disability Insurance
1100 SW Sixth Avenue Portland OR 97204-1093

Application for Individual Disability Insurance

Proposed Insured

Full Name (First, Middle, Last)			Gender	Social Security No.	
Home Address		City		State	ZIP
Birth Date	State of Birth	Driver's License No.	Driver's License Issue State		
Primary Phone No.	Secondary Phone No.	Email Address	☐ Check to request electronic policy delivery.		
Current Primary Occupation/Duties					

Insurance Applied For

Plan Type & Features:

Disability Income
(Application Supplement required)
Basic Monthly Benefit $ _____
Benefit Waiting Period _____ days
Benefit Period _____

☐ **Platinum Advantage**
- ☐ Residual Disability Benefit Rider
  (Select one):
  - ☐ Enhanced
  - ☐ Basic
  - ☐ Short Term
- ☐ Noncancelable
- ☐ Own Occupation
- ☐ Indexed Cost of Living: ☐ 3% ☐ 6%
- ☐ Catastrophic Disability $ _____
- ☐ Benefit Increase
- ☐ Automatic Increase Benefit
- ☐ Mental Disorder/Substance Abuse Limitation
- ☐ Student Loan Benefit
  (Application supplement required)
  Maximum monthly benefit $ _____
  Rider period: ☐ 10 Years ☐ 15 Years

Business Overhead Expense
(Application supplement required)
Base amount $ _____
Waiting Period _____ days
Benefit multiple _____ months

☐ Residual Disability

☐ Future Purchase Option units $ _____
Number of units: _____

Business Buy-out Expense
(Application supplement required)
Waiting period _____ days
Aggregate Benefit Limit $_____

Funding method (select and complete one):
- ☐ Lump sum amount $ _____
- ☐ Monthly amount $ _____
  For _____ years
- ☐ Down payment amount
  $ _____ Lump sum; and
  $ _____ Monthly for _____ years

☐ Future Buy-out Expense Rider
Aggregate Benefit Limit $ _____
Funding method (must be same as base)
(Select and complete one):
- ☐ Lump sum amount $ _____
- ☐ Monthly amount $ _____
- ☐ Down payment amount/mo. $ _____

☐ Extended Benefit Option

Premium Payment

Premium mode: ☐ EFT (monthly) ☐ List bill (monthly) ☐ Annual ☐ Other _____
Payer name and address if other than proposed insured:
_____
_____

Other Insurance Coverage

1. Explain Yes answers in the table below. Use **status** and **type** codes provided:
   a. Have you applied for any disability insurance in the last 12 months? ☐ Yes ☐ No
   b. Will you become eligible for any disability insurance in the next 24 months? ☐ Yes ☐ No
   c. Is there any other individual or group disability insurance currently in force or pending on you? ☐ Yes ☐ No

Status Codes: **N** - now in force with any company; **P** - pending; **A** - applied for in the last 12 months; **F** - will become eligible in the next 24 months
Type Codes: **I** - individual; **G** - group; **X** - association; **OE** - overhead expense; **L** - loan repayment; **O** - other

Company	Status	Type	Who pays premium?	Benefit amount or % of income	If group: Benefit cap maximum	If group: Bonus covered?	Benefit period	Waiting period	Will coverage be replaced or reduced?
						☐ Yes ☐ No			☐ Yes ☐ No
						☐ Yes ☐ No			☐ Yes ☐ No
						☐ Yes ☐ No			☐ Yes ☐ No

Financial Information

2. How many hours per week do you work in your primary occupation?_____ hours per week

3. What is your annual earned income from your primary occupation?
   Current year $_____ Last year $ _____
   If you are self-employed, earned income is after business expenses.
   Do not include investment or other passive income.

4. Currently, is your passive income greater than 25% of your earned income or $50,000? (Passive income includes: capital gains, interest, dividends, net rental income, pensions, annuities, royalties, etc.)..... ☐ Yes ☐ No
   If Yes, please provide sources and amounts:
   _____
   _____

5. Is your net worth, excluding primary residence, greater than $8,000,000?..... ☐ Yes ☐ No
   If Yes, please provide sources and amounts:
   _____
   _____

6. Will your employer pay for any part of this requested insurance?..... ☐ Yes ☐ No
   If Yes, please answer a, b and c.
   a. What percent of premium will your employer pay? ☐ None ☐ 100% ☐ Other_____%
   b. Will your employer's contribution be included in your taxable income?..... ☐ Yes ☐ No
   c. Will you reimburse your employer for any premium?..... ☐ Yes ☐ No

7. Do you own any part of, or are you an independent contractor for, the business where you work? ..... ☐ Yes ☐ No
   If Yes, please answer a, b and c.
   a. Business entity: ☐ C Corp ☐ S Corp ☐ LLC ☐ LLP ☐ Sole Proprietor ☐ Partnership ☐ Other_____
   b. Number of employees: Full-time _____ Part-time _____
   c. Percent of business entity owned _____% Years owned _____

If TeleApp complete 8a and 8b.

8. a. Enter your Height _____ Weight _____
   b. In the last 5 years have you been treated for, or been diagnosed by a medical professional as having any heart condition, back or neck disorder, anxiety or depression; cancer, diabetes or neurological disorder? ..... ☐ Yes ☐ No
   If Yes, please provide details. Include dates, diagnoses and treatments; also include health care provider name(s) and address(es).
   _____
   _____

Agreement and Signatures

I, the undersigned, understand and agree to the following:

In this application, "you" and "your" mean the proposed insured unless otherwise specified.

This application will be attached to, and made part of, a policy that is issued to you. The application includes all pages of this form, the Full Underwriting Application Supplement, and all other application supplements and amendments that may be attached to the application. If an application was completed by using the TeleApp interview process, this application also includes all questions Standard Insurance Company (Standard) or its representatives will ask the proposed insured; and it includes all answers given in response to those questions. The TeleApp answers will be included with the application if a policy is delivered and should be carefully reviewed when signing for acceptance of a policy.

Standard will rely on the information given in this application in considering the proposed insured's eligibility for insurance and for various premium rates. By obtaining and using this information, or information from other authorized sources, Standard is not giving a medical opinion about the proposed insured's health. I will not rely on any inquiry or decision by Standard as a statement regarding, or evaluation of, the proposed insured's health.

This application will not be effective unless it is signed and dated by the proposed insured and owner, if different. **No insurance will be in force until: (a) the date a policy has been issued, delivered to and accepted by the owner; and (b) the first full premium is paid while all answers in this application remain true and complete.** The only exceptions are as provided in a Disability Insurance Conditional Receipt, issued at the same time as this application. Premium will be calculated to begin on the Policy Effective Date.

No sales representative, medical examiner, or TeleApp interviewer is authorized: to determine insurability; or to change any of Standard's requirements; or to waive any rights Standard may have. No corrections or amendments to this application will be made without the owner's written consent.

Standard may require that any disability policy(s) listed in answer to question 1 be permanently terminated or reduced as a condition of issuing the insurance applied for herein. Standard will rely on the information in this answer in determining the amount, if any, of disability insurance it will issue. If such insurance is not terminated or reduced as required by Standard, any policy issued and accepted pursuant to this application may be rescinded and considered void from the beginning, and all premiums returned. If any insurance applied for is intended to replace other insurance in force with Standard, the Standard policy being replaced will end the moment the insurance applied for becomes effective.

I have read this application. I understand that if any answers are false, incorrect or untrue, Standard may have the right to deny benefits or rescind my insurance policy. **I Represent That:** all answers in this application are correctly recorded, true and complete to the best of my knowledge and belief; and any and all answers I have provided verbally to a Standard agent or other Standard representative have also been correctly recorded. No knowledge of any fact on the part of any sales representative, medical examiner or TeleApp interviewer shall be considered to be knowledge of Standard unless such fact is stated in the application.

NOTE: **A person who knowingly presents false information or conceals material information in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.**

_____ Signed at _____ on _____
Signature of Proposed Insured City, State Date

_____ Signed at _____ on _____
Signature of Policyowner (If other than Proposed Insured and only for Business Overhead Expense or Business Buy-Out Expense) City, State Date

If a company is policyowner, signature of authorized representative.

_____ _____
Print Name of Policyowner Owner's Tax ID Number (If other than Proposed Insured)

If a company is policyowner, also print title of authorized representative and company name.

_____ _____ _____ _____
Owner's Address City, State ZIP Email Address

I declare and affirm that: (1) any answers provided to me by the proposed insured have been truly and accurately recorded on this application; and (2) no changes, additions or alterations of any kind have been made to this form after it was signed by the proposed insured and owner, if different.

_____ Signed at _____ on _____
Signature of Soliciting Agent City, State Date

Telephone Interview

What to Expect

Thank you for your interest in individual disability insurance from The Standard.‡ Your insurance representative has ordered a telephone interview, or "TeleApp," as part of the application process.

Your appointment is scheduled for:

	☐ a.m. ☐ p.m. on	
(time)		(date)

If you don't have an appointment scheduled yet, LTCG, our third-party vendor, will contact you to set up a convenient time for your interview.

What to Expect During Your Interview

A highly trained interviewer will ask you about your activities and health, including your work and medical history. Please allow 30 to 40 minutes for your interview.

Be prepared to provide the following information during your interview:

- Names, addresses and phone numbers of medical providers you have visited in the last 10 years
- Approximate dates of injuries, surgeries, emergency room visits, hospitalization(s), illnesses and/or conditions
- Prescription history over the last three years, including medication names, dosages, dates taken and reasons for use
- Foreign travel history for the last five years
- Name(s) of employer(s) and dates of employment

What to Expect After Your Interview

After your interview, LTCG will send your completed interview to your insurance representative and The Standard. If approved, the final application and resulting policy with The Standard will include information you provide during your telephone interview.

When you receive your policy, review it carefully for completeness and accuracy. Incomplete, incorrect or untrue statements could affect your eligibility for benefits.

Print

‡ The Standard is a marketing name for StanCorp Financial Group, Inc., and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of 445 Hamilton Avenue, 11th floor, White Plains, New York. Product features vary by state and company, and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.

Standard Insurance Company
The Standard Life Insurance Company of New York

standard.com

TeleApp Information for Customers
16459 (10/24) SI/SNY