



The Baltimore Life[®]
COMPANIES

The Baltimore Life Insurance Company
10075 Red Run Boulevard • Owings Mills, MD 21117-4871
410.581.6600 • 800.628.5433 • www.baltlife.com

Non-Occupational Disability Income Rider Questionnaire

Proposed Insured Name (First, M.I., Last, Suffix)	Social Security or Tax ID	Monthly Disability Income Being Applied For: \$ _____
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1. Current monthly income from your occupation \$ _____

2. Occupation	Duties:
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3. Do you have any other existing disability or loss of income insurance in force or is any such application now pending? Yes No

4. Existing disability income insurance:

Name of Company	Policy Number	Monthly Amount	Year Issued	To be Replaced?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Have you ever applied for or are you eligible for, or are you receiving disability payment compensation or benefit from any Armed Forces, insurance company other source due to illness or injury? Yes No

6. Do you need assistance of any kind with bathing, continence, dressing, eating, using the toilet or transferring? Yes No

7. Has the proposed insured had any medical testing recommended but not yet completed? Yes No

8. If you provided any "Yes" answers to questions 5, 6 or 7, please provide details:

I certify that the responses made above are complete and true to the best of my knowledge and belief. I understand that if I provide any false or incomplete answers and/or if the health of the Proposed Insured changes before the rider effective date and I don't notify The Baltimore Life Insurance Company of such changes, then benefits may be denied or the rider may be rescinded.

WARNING: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

X _____
Signature of Proposed Insured

X _____
Signature of Agent

Date