iA Financial Group

DISABILITY INSURANCE
NEEDS ANALYSIS — INCOME REPLACEMENT

T. 1-800-465-5818 ia.ca

Complete the following needs analysis to help you determine the disability insurance plan you need.

1 PERSONAL INFORMATION

Last name | First name

Telephone number | Province of residence | Date of birth (Y M D) | Gender ☐ F ☐ M | ☐ Non-smoker ☐ Smoker

Declined for insurance elsewhere? Yes ☐ No ☐ If yes, why? _____

2 EMPLOYMENT PROFILE

Profession/occupation | Industry | Since

Duties | Number of hours per week | Number of weeks per year | % of manual or physical tasks %

Do you work from home? ☐ Yes ☐ No If yes, _____ %

Eligible for Workers' Compensation? ☐ Yes ☐ No If yes, amount _____

Eligible for employment insurance? ☐ Yes ☐ No If yes, amount _____

Other insurance plans? ☐ Yes ☐ No If yes, amount _____

⚠ **Please complete section 3 or 4, not both.**

3 ANNUAL INCOME – SALARIED EMPLOYEES

Your current employment situation and net annual income of last year (after expenses but before income tax):

☐ Employee $ | ☐ Commission employee $ | ☐ Self-employed $

4 ANNUAL INCOME – BUSINESS OWNERS

Net income

Net business revenue $ +

Insured's salary $ =

Total (1) $ 0

Gross income

Gross business revenue $ –

Cost of goods $ –

Salaries (except the insured's salary) $ =

Total $ 0

50% of total (2) $ 0

The annual income is the greater of (1) and (2)

$ 0

5 YOUR NEEDS TO MAINTAIN YOUR CURRENT STANDARD OF LIVING

Mortgage/rent	$	Loan repayments	$	Personal care (clothing, fitness, etc.)	$
Utilities (electricity, heating)	$	Insurance premiums	$	Groceries	$
Telephone, cable, Internet	$	Medical and dental care	$	Childcare and school fees	$
Transportation	$	Saving plan contributions (RRSP, RESP, emergency funds)	$	Entertainment	$
Property and school taxes	$				

CURRENT STANDARD OF LIVING (5) $ **0**

6 EXISTING COVERAGE

☐ Employment insurance $

☐ Group disability insurance $

☐ Personal disability insurance $

☐ Spouse's income $

☐ Other $

TOTAL OF MONTHLY SOURCES OF INCOME (6) $ 0

7 DISABILITY INCOME NEEDS ANALYSIS

Current standard of living (5)	$ 0
Minus existing coverage (6)	$ 0
The total amount required is the difference between these two	$ 0
Eligible monthly benefit amount (see other page) (8)	$

Please first complete section 3 or 4

8 ELIGIBLE MONTHLY BENEFIT AMOUNT

Please first complete section 3 or 4

Annual Income ($)	Available Amounts (Any Waiting Period) ($)	Annual Income ($)	Available Amounts (Any Waiting Period) ($)	Annual Income ($)	Available Amounts (Any Waiting Period) ($)	Annual Income ($)	Available Amounts (Any Waiting Period) ($)
Less than 15,000	1,000	55,001 to 57,000	3,300	108,501 to 111,250	5,600	172,001 to 174,750	7,800
15,001 to 16,000	1,100	57,001 to 59,000	3,400	111,251 to 114,250	5,700	174,751 to 178,250	7,900
16,001 to 18,000	1,200	59,001 to 61,000	3,500	114,251 to 117,000	5,800	178,251 to 181,750	8,000
18,001 to 20,000	1,300	61,001 to 63,000	3,600	117,001 to 119,500	5,900	181,751 to 185,000	8,100
20,001 to 21,500	1,400	63,001 to 65,000	3,700	119,501 to 122,250	6,000	185,001 to 188,000	8,200
21,501 to 23,000	1,500	65,001 to 67,000	3,800	122,251 to 124,750	6,100	188,001 to 191,000	8,300
23,001 to 25,000	1,600	67,001 to 69,500	3,900	124,751 to 127,750	6,200	191,001 to 194,000	8,400
25,001 to 27,000	1,700	69,501 to 71,500	4,000	127,751 to 130,750	6,300	194,001 to 197,250	8,500
27,001 to 28,500	1,800	71,501 to 73,750	4,100	130,751 to 133,750	6,400	197,251 to 200,750	8,600
28,501 to 30,500	1,900	73,751 to 76,000	4,200	133,751 to 136,750	6,500	200,751 to 204,250	8,700
30,501 to 32,000	2,000	76,001 to 78,500	4,300	136,751 to 139,750	6,600	204,251 to 207,750	8,800
32,001 to 34,000	2,100	78,501 to 80,500	4,400	139,751 to 142,750	6,700	207,751 to 211,250	8,900
34,001 to 35,500	2,200	80,501 to 82,750	4,500	142,751 to 145,750	6,800	211,251 to 215,000	9,000
35,501 to 37,250	2,300	82,751 to 85,250	4,600	145,751 to 148,750	6,900	215,001 to 218,750	9,100
37,251 to 39,000	2,400	85,251 to 87,250	4,700	148,751 to 151,750	7,000	218,751 to 222,500	9,200
39,001 to 40,500	2,500	87,251 to 89,750	4,800	151,751 to 154,750	7,100	222,501 to 226,250	9,300
40,501 to 42,500	2,600	89,751 to 92,250	4,900	154,751 to 157,750	7,200	226,251 to 230,000	9,400
42,501 to 44,500	2,700	92,251 to 95,000	5,000	157,751 to 160,750	7,300	230,001 to 233,750	9,500
44,501 to 46,500	2,800	95,001 to 97,750	5,100	160,751 to 163,750	7,400	233,751 to 237,500	9,600
46,501 to 48,500	2,900	97,751 to 100,500	5,200	163,751 to 166,750	7,500	237,501 to 241,250	9,700
48,501 to 50,750	3,000	100,501 to 103,250	5,300	166,751 to 169,750	7,600	241,251 to 245,000	9,800
50,751 to 53,000	3,100	103,251 to 106,000	5,400	169,751 to 172,000	7,700	245,001 to 248,750	9,900
53,001 to 55,000	3,200	106,001 to 108,500	5,500				

For an annual income greater than $248,750, round the annual income to the nearest $100 and multiply by 0.04.
This is not intended to be a complete needs analysis. Please work with your advisor to establish a complete financial security plan. This is not intended to be a recommendation or opinion as to the amount of insurance you require, but rather a basis for discussion between you and your advisor.

9 TYPE OF COVERAGE DESIRED

What is your monthly budget for disability income replacement? $ _____

1. Do you want disability income replacement for: ☐ Accident ☐ Illness

2. In the event of disability, how long would your emergency fund last? ☐ 0 days ☐ 30 days ☐ 90 days and over

3. Would you like to receive the monthly benefit on the first day in the event of an accident? ☐ Yes ☐ No

4. For how long do you think you would need disability income replacement? ☐ 2 years ☐ 5 years ☐ Up to retirement

10 ADDITIONAL OPTIONS TO DISABILITY INCOME REPLACEMENT

☐ Return of premiums
☐ Accidental death, dismemberment or loss of use
☐ Accidental fracture
☐ Travel insurance
☐ Overhead expense insurance
☐ Extended medical care further to an accident

11 SIGNATURE

I certify that _____ completed this disability income needs analysis on Y M D

_____ _____

Client's signature Representative's signature