

# Are You Ready to Sign This?

## Waiver of Liability Disability Income Protection

My signature below verifies that I have discussed with my Agent, whose signature appears below, the effect that an extended period of disability could have on my income and other assets, and that at this time, I have chosen: *(Check as applicable)*

- ☐ not to apply for disability income insurance
- ☐ to apply for coverage other than was recommended.

I understand that future changes in my insurability (medical and/or financial) may cause me to lose my ability to qualify for coverage.

I understand that any other disability income insurance that I may currently have in effect, such as employer and/or government sponsored plans, may not provide the adequate income benefits for my financial situation. As part of my disability income protection analysis, waiver of premium on my life insurance coverage was discussed by my representative.

Therefore, I hereby release the undersigned representative from any present and/or future financial responsibility to me, my family or my business, if I become disabled.

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Representative:** \_\_\_\_\_