Metro Atlanta Financial Group

Group number: _____

Disability Application Form

Instructions: Please complete boxes outlined in **RED**

A: Personal Information

Last Name: Middle Initial: First Name:
Date of Birth: __/__/____ Social Security Number:
Street Address: Apt #:
City: State: Zip Code:
Home Phone Number: E-mail Address:
Marital Status: ◯ Single ◯ Married ◯ Divorced ◯ Widowed
Gender: ◯ Male ◯ Female
Occupation: Date of Hire: __/__/____
Hours: Salary:
Is the applicant currently a smoker? ◯ Yes ◯ No
Has the applicant used any tobacco products in the past 12 months? ◯ Yes ◯ No

B: Acknowledgement of Coverage and Signature

Name Printed:

Signature: Signature Date: __/__/____