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: ____/____/_____