

Alive and Well Check Questionnaire

Name: _____

SSN: _____

Date: _____

Date of Loss: _____

Type of Claim: _____

File: _____

1. Are you working now? YES NO Where you working prior to the accident? _____

If "Yes", please answer the following questions:

2. On what date did you return to work or become self-employed? _____

3. If working, are you working full time or part time? FT PT

4. List the dates you have worked and the hours worked per day. _____

5. What type of work are you doing now? _____

6. Name and address of current employer or self-employment venture: _____

7. Is there any other source of income that you receive (i.e. rental property, side business, dividends)?
Yes No If YES, what: _____

8. Are you currently receiving your checks for this claim? Yes No

9. Are you currently receiving unemployment benefits (if she is not working)? Yes No If YES,
amount received per week. _____

10. Who resides with you in your household? _____

11. Have you moved recently, or has your living situation otherwise changed? Yes No If yes, describe
the change and why it changed. _____

12. Do you take care of anyone (i.e. child, grandchild, spouse, parent, sibling, friend)? Yes No
if Yes, provide the names and relationships of those for whom you provide care. _____

13. Do you need assistance in providing this care? Yes No If yes, explain: _____

14. Do you drive a vehicle? What kind of vehicle do you drive? How often? Any limitations? _____

15. Have you remarried? _____ If so, what is his/her name? _____ When did you
remarry? _____

16. Is there anything regarding this claim you'd like to add? _____

Signature: _____

Date: _____

Field Agent: _____

Date: _____