

INFORMATION REQUIRED FOR Personal Injury Assessments – Disability Benefits

Administrative information:

| | |
|--|--|
| Client Name: | |
| Phone number(s) and/or email for injured (if ok to contact client for information): | |
| Birth date of injured: | |
| Date of disability: | |
| Date of trial, mediation or anticipated settlement (a reference date is necessary for calculations): | |
| Date report required: | |

Disability information from client:

| | |
|--|--|
| Monthly disability benefits (please provide both the net and gross monthly amount): | |
| Are the monthly disability indexed for inflationary increases, please provide details if they are: | |
| Usually these benefits end at age 65, please advise if this is the case: | |

Additional Information

- Disability benefit booklet.