

Long Term Care Preliminary Underwriting Questionnaire

AGENT INFORMATION

Name

Phone

E-mail

CLIENT INFORMATION

CLIENT A

CLIENT B

Name

State of Residence

DOB / Age

Height/Weight

Are H/W proportionate? (Obesity may result in a decline)

Tobacco Usage?

Diabetes?

If yes, what is A1C score? Is client on insulin?

(Diabetes + obesity is often an automatic decline.)

Any tests or procedures pending or advised?

If yes, include diagnosis, dates, & plan of care

List all hospitalization or surgeries in the last 5 years:

(Usually must be > 90 days ago and must have full release with no restrictions.)

Stroke or TIA?

If yes, get dates & resulting limitations.

Cancer?

If yes, did it spread, what Stage, any chemo?

or radiation therapy?

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Emphysema/COPD?

If yes, is there use of oxygen and are activities limited?

Heart Attack?

If yes, what procedures were done, date, percentage of blockage?

Arthritis? Osteo or Rheumatoid?

If yes, may preclude Preferred rating

High Blood Pressure?

if yes, may preclude Preferred rating

Daily Meds?

(Get prescription names and dosages. Ask when and why prescribed.)

Any other medical history that may affect insurability?

"Automatic" Disqualifiers:

Any assistance or supervision required for Activities of Daily Living

Cognitive problems

Morbid Obesity, HIV/AIDS, ALS, Cerebral Palsy, Muscular Dystrophy, Parkinson's, MS, Cirrhosis of the liver, dialysis

Note: Secured Risk policy available through Penn Treaty for some of the above conditions

Uncontrolled or undiagnosed health issues, use of cane, walker, wheelchair, or oxygen if client is fully functional

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