



HEALTH QUESTIONNAIRE

LONG TERM CARE INSURANCE

Underwriting of long term care insurance (LTCI) is based on an individual's physical and cognitive health. This questionnaire enables us to make appropriate risk classifications, policy designs and insurer recommendations. It does not address every situation or guarantee insurability; final underwriting decisions are reserved for carriers and insurability requirements.

1. Basic information and prescription medications:

Name: _____ DOB: ___/___/___
Last Recorded Height: ___ Weight: ___ in Medical Records
Date of Last Doctor Visit: ___/___/___ Date of Last Lab Work: ___/___/___
Reason(s) for Visit or anything else discussed with Dr(s) in the last 18 months:

Do you currently require assistance or supervision of any kind to perform daily activities such as walking, eating, bathing, dressing, toileting, transferring or maintaining continence? ____ If yes, please contact your LTC Specialist before completing remainder of the form.

All Prescription(s) or Injections/Steroids in last 18 mo	Dosage	How long have you taken?	Medical Reason

2. General Question:

Have you been advised by a medical professional to have any procedures, lab work, surgery, or physical therapy that has not been completed or been referred to a specialist within the past 2 years?
If yes, please explain: _____

3. Health History - check all that apply or that may be mentioned in your medical records.

- Memory or Cognitive Problems
- Cancer
- Stroke, Mini-Stroke or TIA
- Any Chronic Illness or Medical Condition
- Sleep Apnea
- Hypertension / Heart Disease
- Hospitalization in last 10 years
- Visit to the ER in last 5 years
- Receive disability income now or in past
- Diabetes or Pre-Diabetes
- Osteopenia or Osteoporosis
- More than one joint replacement
- Used tobacco or marijuana in last 12 months
- Any substance abuse history
- Depression or other Mental Health Illness
- Been previously declined for long term care insurance (If so, attach copy of carrier letter)

Please provide details for any boxes checked above or on a separate piece of paper:

Diagnosis Date	Diagnosis	Mo/Yr of Last Visit and What Was Treatment	Details

4. Are there other physical or medical symptoms or concerns not addressed above or that you have noticed and not yet discussed with a physician?

Privacy Statement: The health questions help us learn about your unique health history which enables us to make appropriate policy recommendations. All information is kept strictly confidential and will not be shared with anyone else. The only party with whom we will share your health information with will be the insurance company(ies) with whom you choose to make a request for long term care insurance proposals and coverage.