

## Long Term Care Underwriting Pre-Screen Form

Age/DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Does applicant currently use tobacco of any kind? \_\_\_\_\_ Please specify type & frequency: \_\_\_\_\_

If not currently, date last used: \_\_\_\_\_

1. Past major medical history (i.e., diabetes, cancer, stroke, heart conditions – provide specifics): \_\_\_\_\_

\_\_\_\_\_

2. Any hospitalizations/surgeries? If yes, provide date(s) and specifics: \_\_\_\_\_

\_\_\_\_\_

3. Are you currently taking any medications? Please list name, dosage, frequency, when began: \_\_\_\_\_

\_\_\_\_\_

4. Have you ever had to use oxygen equipment, a wheelchair, crutches, cane, or received any physical therapy? If yes, provide details. **\*NOTE: CURRENT USE OF ANY OF THE ABOVE WILL BE A DECLINE FOR LTC COVERAGE.** \_\_\_\_\_

\_\_\_\_\_

5. Provide any other health issues/diagnoses (i.e., arthritis, hypertension, depression): \_\_\_\_\_

\_\_\_\_\_

6. Do you have any physical limitations or need any assistance of any kind? \_\_\_\_\_

\_\_\_\_\_

7. During the past 12 months, have you received any disability benefits? If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

8. During the past 12 months, have you been declined by another company for long-term care insurance? If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

Provide any other relevant information here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**the brokerage, inc.**

*"Linking producer to markets"*

Phone: 469-635-6000 Fax 469-635-6001

Sherry@TheBrokerageInc.com