

LTC Questionnaire

Not an application for insurance. Used exclusively to gather specific information on an applicant's medical history and other factors that may impact underwriting

Applicant A: _____

DOB: _____ Height: ____ ft. ____ in. Weight: _____ Tobacco Use: Yes _____ No _____

Applicant B: _____

DOB: _____ Height: ____ ft. ____ in. Weight: _____ Tobacco Use: Yes _____ No _____

History of any of the following conditions for either of the persons named above:

Client A		Client B		Question
Y	N	Y	N	
				Abnormal Blood Pressure
				AIDS / ARC
				Alcohol Abuse
				ALS
				Alzheimer's Disease
				Amputation
				Anemia
				Aneurysm
				Arthritis
				Asthma
				Atrial Fibrillation
				Bipolar / Manic Depression
				Cancer
				Cardiomyopathy
				Carotid Artery Disease
				Cerebral Vascular Disease
				Congestive Heart Failure

Client A		Client B		Question
Y	N	Y	N	
				COPD / Emphysema
				Coronary Artery Disease
				Crohn's Disease
				Dementia
				Depression/Anxiety
				Diabetes
				Dizziness / Vertigo
				Drug Abuse
				Eye Disease
				Heart Attack
				Hepatitis
				Hodgkin's Disease
				Joint Replacement
				Kidney Failure
				Leukemia
				Lupus
				Lymphoma

Client A		Client B		Question
Y	N	Y	N	
				Memory Loss
				Multiple Sclerosis
				Muscular Dystrophy
				Myasthenia Gravis
				Neurogenic Bladder
				Neuropathy
				Organ Transplant
				Organic Brain Syndrome
				Osteoporosis
				Paralysis
				Parkinson's Disease
				Peripheral Vascular Disease
				Rheumatoid Arthritis
				Scleroderma
				Seizures
				Stroke or TIA
				Tremor

Details for YES answers above. Provide names and dosages of medications, along with condition being treated.

Details for Applicant A

Question

Details for Applicant B

Question

Any Others? If so, please describe: _____

Are you currently using oxygen, a wheelchair, crutches, or a cane? _____ Are you currently on disability? _____

Have you been declined for LTC insurance in the past 12 months? If so, reason? _____

Do you have a surgery scheduled in the next six (6) months? _____

Advisor Name: _____ Phone: _____

Email: _____