



LONG TERM CARE QUOTE REQUEST FORM

Agent: _____
 Client Name: _____
 Date of Birth: ____/____/____ Gender: _____ Height: _____ Weight: _____
 Tobacco products used in the last 36 months? _____ Type used? _____

Policy Design:

Benefit(s): 1. _____ 2. _____ 3. _____
 Benefit Period: 3 Year: _____ 4 Year: _____ 5 Year: _____ Lifetime: _____ Other: _____
 Elimination Period: 30 Day: _____ 60 Day: _____ 90 Day: _____ 180 Day: _____ 365 Day: _____
 Payment Mode: Lifetime: _____ 10-Pay: _____ Single Pay: _____ Other: _____
 Rider(s): COLA: _____ Shared Care: _____ Waiver HHC EP: _____ Other: _____

Medical History:

Use of a cane, crutches, walker, wheelchair, scooter, stair lift, oxygen, dialysis, and/or hospital bed currently or within the last 6 months? If yes, please provide type:

Within the last 5 years, has the applicant received medical advice, diagnosis, treatment, or consulted with a member of the medical profession for any of the following conditions? :

CONDITION	YES	NO	CONDITION	YES	NO
Heart Disease			Depression / Anxiety / Bipolar Disorder		
High Blood Pressure			Substance Abuse		
Carotid Artery Disease / Peripheral Vascular Disease			Asthma / COPD (Chronic Obstructive Pulmonary Disease		
TIA (Transient Ischemia Attack)			Liver Disorders (Hepatitis/Cirrhosis)		
Stroke / CVA or TIA			Seizures / Neuropathy		
Blood Clots			Back Disorders (Spinal Stenosis/Degenerative Disc Disease)		
Alzheimer's Disease / Dementia / Memory Loss			Osteoporosis / Fractures		
Diabetes			Fibromyalgia / Chronic Fatigue Syndrome		
Kidney Disease			Cancer		
Crohn's Disease / Ulcerative Colitis			Visual Impairment / Loss		

If any questions or conditions are answered "YES," provide details:

In the past 5 years, has the applicant received medical advice, diagnosis, treatment, or consulted with a member of the medical profession for any reason not stated? If yes, please provide details.

List all prescription medication taken over the past 12 months and reason taken:

Please note if applicant is applying with spouse/partner to qualify for discounts. If Shared Care rider is selected, benefits must be identical for applicants.