

LTCI PARTNERS

FIELD UNDERWRITING GUIDE

This packet is designed to assist you in obtaining the necessary information to provide the most accurate long-term care insurance proposal for your client.

Important Questions for Major Conditions

The following is a list of additional questions to ask your client and follow-ups to the most common medical conditions. Please review and use the LTC pre-underwriting assessment questionnaire at the end of this packet.

COPD / EMPHASEMA

- Daily or intermittent use of oxygen, IPPB therapy or home respiratory therapy within the past 12 months?
- Any hospitalizations for the condition within the past 6 months?
- Have there been 2 or more Emergency Room visits within the past 12 months for respiratory symptoms?
- History of congestive heart failure or cardiomyopathy?
- Are activities restricted due to shortness of breath?

DEPRESSION

- What treatments or medications have been prescribed?
- Name and dosage of the prescribed medications.
- Any recent changes in the medications or dosage?
- Are there any limitations with performing the ADLs or IADLs?
- Has there been a hospitalization or emergency room visit within the past 12 months?
- Have there been any cognitive symptoms?

DIABETES

- Is it type I or type II? Insulin use (units)?
- Name and dosage of the drugs.
- At what age was the diabetes diagnosed?
- What is the A1C level or FBS level? Has it been stable for 6 months?
- Are there any limitations with performing the ADLs or IADLs?
- Neuropathy? Eyes, skin lesions, kidneys, weight?
- Has there been an amputation or blindness due to the condition?
- Has there been a hospitalization within the past 24 months for

Do you know the following basic information?

- Date of Birth
- Height & Weight
- Was the client previously declined for long-term care insurance coverage?
- Does your client have any limitations, whether physical, mental or cognitive?
- Does your client have a history of tobacco use?

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RHEUMATOID ARTHRITIS

- Date of diagnosis.
- Name and dosage of the drugs. When was it prescribed? Has there been a change in
- Medications or dosage?
- Are there any joint deformities?
- Any joint replacement or surgery recommended?
- Are there any limitations with the ADLs or IADLs?
- Have there been any fractures or has it affected weight-bearing joints?
- Have there been active progressive symptoms within the past 24 months?
- Are assistive devices being used or physical therapy being conducted?
- Are narcotics used to control pain?

HYPERTENSION

- Date of diagnosis.
- Name and dosage of the drugs.
- What are the most recent blood pressure readings?
- Is there a history of stroke or hospitalization

STROKE or TIA

- Date of episode.
- Was there more than one episode?
- How is it being treated? Medications?
- Are there any limitations with the ADLs or IADLs?
- Have there been any falls or fractures?
- Are narcotics used to control pain?

It is important that your client understands the potential evaluations they may need to complete.

Attending Physician's Statement (APS): Doctor's records may be ordered due to items listed on the application or due to age.

Phone Interview (PHI): The carrier will have a trained professional contact your client to further discuss the conditions listed on the application.

Face-To-Face Interview (FTF): The carrier may have a trained professional come to your client's home to discuss the conditions listed on the application, assess the house to get a better "feel" for the client's condition, and perform a cognitive assessment.

Paramed: If your client has not been to their doctor for an extended period of time, the carrier may order the paramed or medical.

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OSTEOPOROSIS

- Date of diagnosis.
- Name and dosage of the drugs.
- Find out the current bone density test results. When was the test done?
- Are there any limitations with the ADLs or IADLs?
- Have there been any falls or fractures?
- Are narcotics used to control pain?

CANCER

- What type of cancer?
- When was it diagnosed?
- Stage or grade?
- Any lymph nodes involved? How many were tested? How many were positive?
- Did the cancer spread?
- Date of last treatment or surgery?
- If prostate cancer, what was the stage/Gleason score? What is the current PSA?

Other conditions that are not mentioned:

- Date of diagnosis.
- Name and dosage of the drugs. When was it prescribed? Has there been a change in medications or dosage?
- Last treatment.
- Any assistive devices.
- Surgery recommended but not yet performed.
- Are they currently seeing a psychiatrist? If so, how often?

Notes:

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LTC PRE-UNDERWRITING ASSESSMENT QUESTIONNAIRE

Please finish the form below and fax to (888) 201-9088. For questions, call (855) 219-6568 today.

Advisor Information

First Name _____ MI _____ Last Name _____
Advisor Phone (_____) _____ - _____ Advisor E-mail _____

Client Information (Please use one form per client)

First Name _____ MI _____ Last Name _____
Height _____ Weight _____ Age _____ Date of Birth ____ / ____ / ____
Tobacco User Yes No Quit for at least 12 months

Hospitalization in the Past 10 Years

Reason _____ Date ____ / ____ / ____
Reason _____ Date ____ / ____ / ____
Reason _____ Date ____ / ____ / ____

Medications (Dosage, date started, reasons for taking, etc.)

Medication _____ Reason _____
Dosage _____ Frequency _____ Date Started ____ / ____ / ____
Medication _____ Reason _____
Dosage _____ Frequency _____ Date Started ____ / ____ / ____
Medication _____ Reason _____
Dosage _____ Frequency _____ Date Started ____ / ____ / ____
Medication _____ Reason _____
Dosage _____ Frequency _____ Date Started ____ / ____ / ____

Medical Conditions & Diagnosis Dates

Condition _____ Date ____ / ____ / ____
Condition _____ Date ____ / ____ / ____
Condition _____ Date ____ / ____ / ____

