

Eligibility Form

The following eligibility form is to be submitted along with your quote request. This will help you determine if your prospect is eligible for long term care insurance.

This form covers medical conditions including those conditions that are uninsurable. The height/weight guide will give you guidance on insurability.

This questionnaire is intended to be used as a guide, individual carriers may vary in their requirements.



Health Markets Division
Call (800) 397-9999

Agent submitting form: _____

Agent's email address: _____

Agent's contact phone number: _____

Prospect's name: _____

Prospect's DOB: ____ / ____ / ____

Prospect's Gender: Male Female

Have you submitted a quote request along with this underwriting questionnaire? Yes No

Yes No

Have you ever been turned down for LTC insurance?

Are you a tobacco user?

Tobacco use is described as the use of cigarettes, cigars, pipe, vapor, chewing products and marijuana.
Discontinuance of tobacco products must be 12 months or longer to receive the non-smoker designation.

When was the last time you used tobacco and what form of tobacco? _____

Have you ever been diagnosed with any of the following conditions?

Coronary Artery Disease

Heart Attack

Cardiomyopathy

Atrial Fibrillation

Valve Replacement

Congestive Heart Failure

Hypertension
High Blood Pressure

Stroke/TIA

Osteopenia
Osteoporosis

COPD

Arthritis Regular
 Rheumatoid

Diabetes Type I
 Type II

If insulin dependant
units of insulin daily _____

* See specific Diabetes questions on page 2

Yes **No**

- Have you had a bone density study completed?
If yes, what was the bone mineral density T and Z scores _____ / _____
- Have you had any joint replacement or joint surgery within the last 6 months?
- Are you currently receiving physical, occupational or speech therapy?
- Are there any pending or planned surgeries?
If so when and what procedure? _____
- Have you had a complete physical including blood profile within the last 2 years?
- Are you currently receiving Social Security disability benefits? (Not retirement benefits)
- Do you currently use a Handicap Parking Tag or placard?
- Do you currently use a quad cane, walker, scooter or wheelchair?
- Do you use oxygen or a respirator?
- Are you currently treating Sleep Apnea?
- Are you compliant with the prescribed device for the Sleep Apnea?
- Are you currently receiving meals on wheels?
- Are you currently pregnant?

Diabetes Specific Section

Indicate below if you have any of these conditions in **combination** with Diabetes.
(If you are not treating diabetes then skip this section.)

- Tingling
- Numbness
- Coronary Artery Disease
- Cellulitis
- Kidney or Liver Problems
- Peripheral Vascular Disease
- Heart Disease
- Organ Damage
- TIA/Stroke
- Retinopathy
- Neuropathy
- Loss of Vision
- Skin Ulcers
- Amputations

Build Chart (Unisex) Height/Weight guidelines may vary by carrier

Height	Minimum	Maximum	Height	Minimum	Maximum
5'0"	93	153	5'10"	121	209
5'1"	95	158	5'11"	124	215
5'2"	96	164	6'1"	128	221
5'3"	98	169	6'2"	132	227
5'4"	101	174	6'3"	136	233
5'5"	104	180	6'4"	139	240
5'6"	106	186	6'5"	142	246
5'7"	110	191	6'6"	144	253
5'8"	113	197	6'7"	148	260
5'9"	117	203			

These guidelines will help in determining rate classification for coverage. Substandard categories are available, please consult with Financial Brokerage on rate class clarification.

Current Medications

Name of Medication	Dosage	Date First Prescribed	Condition Treating
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

An applicant with the following may be ineligible for coverage, consult with Financial Brokerage to determine eligibility.

Use of a quad cane, walker or wheelchair	Use of oxygen, or respirator	Diabetes Type 1
Dementia including Alzheimer	Huntington Disease	Stroke
Muscular Dystrophy	ALS (Lou Gehrig's Disease)	Parkinson's Disease
TIA (2 or more episodes)	Multiple Sclerosis	Narcotic pain medications
Type I Diabetes or Type II Diabetes <ul style="list-style-type: none"> with injectable insulin usage of 50 units daily 	Congestive Heart Failure <ul style="list-style-type: none"> in conjunction with Heart or Angina, Angioplasty or Heart Surgery 	Spinal Stenosis <ul style="list-style-type: none"> with narcotic meds
Epilepsy <ul style="list-style-type: none"> multiple seizures in last year 	Organ Transplant	Osteoporosis <ul style="list-style-type: none"> T score 4.0 or higher

This is not a complete list of conditions that may result in a decline, postponement or substandard rate class. There are multiple impairments, comorbidities, and medications that are also taken into consideration. Please consult with your LTC professional at Financial Brokerage for an in-depth review of the clients health history in order to determine eligibility.

All information is kept confidential. This is not an offer of coverage. All tentative offers are subject to pricing and product availability. If a formal application is submitted, please include a copy of this eligibility form with the application.