

LTCi Health Prescreen Questionnaire

Name _____

Date of Birth _____

Height _____ Weight _____

Partner Name _____

Height _____ Weight _____

Date of Birth _____

State of Residence _____

LTCi coverage ever declined? _____

Tobacco use in last 2 Years? _____

Medical Conditions

Overnight hospitalizations in the last year? _____

Medical condition & date of diagnosis _____

Medications:

Name	Dosage	Reason Used

Is surgery recommended but not performed? _____

Are narcotics used? _____

Last visit the doctor? _____

Results of the visit? _____

Are there any limitations in performing activities of daily living (eating, bathing, transferring, toileting, continence) or is there a cognitive impairment? _____

Do you use any assistive devices? _____

Is physical therapy needed? _____

Complete & fax to 216-241-5070. To discuss the case with a specialist call 216-241-2300 or 800-222-4090.

J.L. Thomas & Company
Specialists in Life Insurance, Disability Income, Long Term Care and Fixed Annuities

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Conditions requiring additional information:

Stroke or TIA

Date of incident _____

Was this a single episode? _____

Osteoporosis

Current bone density test results. _____

Prior bone density test results. _____

Cancer

Type of cancer? _____

Did the cancer spread? _____

When was it diagnosed? _____

What was the stage or grade? _____

How many lymph nodes involved? _____

Chemotherapy or radiation treatments? _____

Date of last treatment? _____

Prostate Cancer - the stage, Gleason score & current PSA reading? _____

Diabetes

What type? (Type I or Type II) _____

Age diagnosed? _____

Daily units of insulin? _____

What is the A1C level? Has it been stable for 6 months? _____

Has there been any; neuropathy, problems with the eyes including blindness, skin lesions, kidney failure, weight gain or loss, or amputation. _____

Any diabetes related hospitalizations in the last two years? _____

Underwriting Process

The underwriter's prescreen opinion is subject to full underwriting. The LTCi underwriting process begins with the insurance application. Based on the applicant's medical history and/or age, the underwriter may request any of the following:

1. Attending physician's statement (APS)
2. Phone interview PHI to confirm medical history and perform a cognitive test.
3. Face to face interview to confirm medical history, perform a cognitive test and observe mobility/medical condition.
4. Paramed exam if no doctors visit for an extended period of time. No blood or home office specimen required.

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