M. Brown & Associates, Ltd.
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LONG-TERM CARE FIELD UNDERWRITING QUESTIONS

Name: ______________________ DOB: ______________________

Height and weight of prospect within normal range? ________ Height: ________ Weight: ________

Smoke or use tobacco? Type used and last time used. ______________________

Major illnesses or hospitalizations within the last 5 years? ________ Date of hospitalization: ________

What illnesses, when diagnosed, any current symptoms, any complications?

____

____

____

What was the treatment and when did it end or anticipated to end?

____

MEDICATION	REASON TAKING	DOSAGE	HOW LONG TAKING

Been advised to have surgery or had surgery? Explain details.

____

____

Currently receiving any therapy or has received therapy within the past 12 months? If so, what type and when did therapy end or is anticipated to end?

____

FOR AGENCY USE ONLY

QUESTIONS MAY NOT BE ALL-INCLUSIVE. ADDITIONAL QUESTIONS AND RESPONSES MAY BE REQUIRED. ANY INFORMAL INQUIRIES THAT ARE CONVEYED SHOULD NOT BE CONSIDERED OFFERS OF INSURANCE COVERAGE. FULL UNDERWRITING BY THE APPLIED FOR COMPANY WILL BE REQUIRED.

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LONG TERM CARE ILLUSTRATION REQUEST FORM

Date: ______________________ Need By: ______________ Pick up at Office on: ____________________

Broker: ______________________ Phone: ______________ Fax: ____________________

Client #1: ____________________ M F DOB: ______________ Tobacco Last Used: ____________________

Client #2: ____________________ M F DOB: ______________ Tobacco Last Used: ____________________

For the above: (circle one) Individuals Married Co-Habitants Business Partners Family

Health History: (medications; surgery-past/planned; diagnosed conditions) Indicate Client #1 or 2

____

____

____

Policy Type: Nursing Home & Home Health Care or Nursing Home Only

Daily Benefit (increments of $10) __________ **Benefit Periods:** 2 3 4 5 6 8 10 Life/Unlimited

Elimination Period(s) ______________ **Inflation Options:** None GPO Simple Compound

Riders: Survivorship Benefit Waiver of HHC Elimination Shared Care Return of Premium

Restoration of Benefits Non-forfeiture Full Non-forfeiture Other: ______________

Payment Options: Straight Pay 10 Pay Pay to Age 65

State Written In: ____________________ **State Client Resides In:** ____________________

Companies: Allianz Genworth John Hancock

MetLife Mutual of Omaha Prudential

Quote Type: Spreadsheet: ________ Full Illustration: ________ Both: ____________

Send Me: Illustrations Only: ________ Illustrations & Application Kits: ____________

Send By: E-mail Fax Mail Pick-Up Phone

Competition: ______________________ **Benefit Comparison Needed:** Yes No

What is desired more: Lowest Cost Premium: ________ Rich Benefits: ____________

Has a certain premium been budgeted or planned: ____________________

Special Requests or Other Information: ____________________

____

____

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SPECIFIC CONDITIONS AND CORRESPONDING QUESTIONS

The following questions may be appropriate if your client has any of these conditions:

AREAS OF CONCERN & SPECIFIC QUESTIONS FOR CONDITIONS:

- Height and weight ratio particularly in combination with arthritis, diabetes, heart disease or hypertension
- Tobacco use in combination with heart attack/heart surgery, circulatory disease, or chronic respiratory disease will result in a decline
- Tremors and/or tremulous handwriting
- Combinations of conditions (e.g., the combination of a heart condition with other circulatory problems, diabetes and/or respiratory conditions) may present increased risk versus having one of these conditions independently and therefore, may lead to a substandard rating or a decline
- Client's difficulty getting out of the chair or walking across the room

DIABETES:

- How long have you had diabetes?
- Does your doctor feel your blood sugar level is in good control? How long has it been stable for?
- What is your blood sugar level or Hbg A1C?
- What is your height and weight?
- Do you have any diabetes-related complications? (e.g., eye problems directly related to diabetes, kidney problems, circulatory problems, numbness and tingling of the extremities, or non-healing wounds or skin ulcers.)

COGNITIVE IMPAIRMENT:

Listen for cues of cognitive impairment throughout your interview. Did the client remember your name and the appointment? Does the client or spouse self-report memory loss? If so, the following questions are appropriate:

- Have you discussed memory loss with your doctor or family?
- Have you had any memory testing? Do you have the results of that testing?
- Do you manage your own finances?
- Do you drive?
- Do you do your own shopping?

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The following questions may be appropriate if your client has any of these conditions:

<u>HYPERTENSION/HEART DISEASE:</u>

- Have you had any recent changes in medications?
- How many medications are you taking?
- Does your doctor feel your condition is controlled?
- What was your last blood pressure reading?
- Do you have any other heart or circulatory problems?

<u>ARTHRITIS:</u>

- What type of Arthritis do you have?
- What joints are affected?
- Have you had any recent changes or additions to your medications?
- Have you ever used steroids to treat your Arthritis? How much and for how long?
- Have you had any joint replacements?
- Do you have any limits in activity as a result of your Arthritis? How far can you walk without resting? Do you have any difficulty with stairs?
- What is your height and weight?

<u>OSTEOPOROSIS:</u>

- Do you take medication for this?
- Have you had any recent fractures?
- Have you had any loss in your height?
- Has your doctor done any bone density studies? Do you know your T-score level?
- What is your degree of Osteoporosis?

<u>CANCER</u>

For any type of cancer other than basal cell skin cancer, squamous cell of the skin or early stage breast or prostate cancer, the client must have gone at least two years without surgery or treatment.

- What type of cancer did you have?
- Do you know the stage?
- Do you have any positive Lymph Nodes or did it spread to other areas?
- What was the last date of treatment or surgery?
- If prostate cancer, do you know your current PSA?

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