

LONG-TERM CARE INSURANCE QUESTIONNAIRE

To help you obtain competitive long term care insurance quotes, please provide information on you and your spouse's medical history and other factors that may impact underwriting. This preliminary inquiry is not an actual application for insurance and does not guarantee any coverage will be offered. This information is held confidential and released only to authorized recipients.

Date: _____

CLIENT INFORMATION		
	Client	Spouse
Names:		
Date of Birth:		
State of Residence:		
Married?: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Living Alone?: Yes <input type="checkbox"/> No <input type="checkbox"/>		

MEDICAL INFORMATION		
	Client	Spouse
Height and Weight:		
Current Medications and Dosage:		
Hospitalizations Past 5 Years? If so, provide reason and dates:		
Do you use a cane, walker or wheelchair? If so, indicate device and frequency:		
Have you used tobacco in the past 5 years? If you have quit, how long ago?:		
Have you ever been diagnosed with cancer? If so, indicate type and stage:		
Do you have or have you had any history of:		
<input type="checkbox"/> Memory loss or cognitive deficiency	<input type="checkbox"/> Arthritis (indicate type)	
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Stroke or TIA (Transient Ischemic Attack)	
<input type="checkbox"/> Diabetes (Indicate Type 1 or 2) (note any neuropathy or retinopathy)	<input type="checkbox"/> Muscular, Skeletal Medical Problems	
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Dizziness	
<input type="checkbox"/> Fractures	<input type="checkbox"/> Falls or Imbalance	



ABS

American Brokerage Services
The Career Company for Independent Agents

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POLICY DESIGN

Daily Benefit:	Benefit Period:			
Elimination Period:	<input type="checkbox"/> 30 Days	<input type="checkbox"/> 60 Days	<input type="checkbox"/> 90 Days	<input type="checkbox"/> 1 Year
Show Premiums as:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual
Inflation Option:	<input type="checkbox"/> None	<input type="checkbox"/> 3%	<input type="checkbox"/> 5%	<input type="checkbox"/> Simple <input type="checkbox"/> Compound
Also show Hybrid Products?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Include life insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how much? \$			
Single Pay Premium?	<input type="checkbox"/> \$50k	<input type="checkbox"/> \$75k	<input type="checkbox"/> \$100k	<input type="checkbox"/> Other \$

REMARKS AND/OR OPTIONAL BENEFITS

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