LTCi – MEDICAL PREQUALIFICATION CHECK LIST

First Insured:_______________________________________

Date of Birth:__________________Smoker: Yes No

Height: _________________ Weight: _______________

What is the most significant medical problem/accident that you have now or have had (e.g.diabetes, cancer, stroke, heart, fall, etc.) ***Please describe:***

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Other concerns about your health? (e.g.: arthritis, high blood pressure, depression) ***If yes, please describe.***

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____.

Any hospitalizations in the last 5 years? ***If yes, please describe.***

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____.

Are you taking any medications? ***If yes, please list.***

1. ____
2. ____
3. ____
4. ____

Have you ever used oxygen equipment? ***If yes, please provide details.***

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____.

Do you have any physical limitations? ***If yes, please describe.***

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____.

Please describe your lifestyle and activities. ___________________________

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____.

Have you ever collected disability benefits? ***If yes, please provide details***.

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____.

Have you ever been declined for Long Term Care Insurance? ***If yes, please provide details – what company, when?***

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LTCi – MEDICAL PREQUALIFICATION CHECK LIST

Joint Insured:_______________________________________

Date of Birth:__________________Smoker: Yes No

Height: _________________ Weight: _______________

What is the most significant medical problem/accident that you have now or have had (e.g.diabetes, cancer, stroke, heart, fall, etc.) ***Please describe:***

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Other concerns about your health? (e.g.: arthritis, high blood pressure, depression) ***If yes, please describe.***

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____.

Any hospitalizations in the last 5 years? ***If yes, please describe.***

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____.

Are you taking any medications? ***If yes, please list.***

1. ____
2. ____
3. ____
4. ____

Have you ever used oxygen equipment? ***If yes, please provide details.***

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____.

Do you have any physical limitations? ***If yes, please describe.***

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____.

Please describe your lifestyle and activities. ___________________________

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Have you ever collected disability benefits? ***If yes, please provide details***.

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Have you ever been declined for Long Term Care Insurance? ***If yes, please provide details – what company, when?***

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