



PRE- SCREENING FOR LONG-TERM CARE INSURANCE ELIGIBILITY

1501 East Woodfield Road, Suite 110E
Schaumburg IL, 60173 (847) 598-6002

Broker Name: _____

Broker Phone: _____

Broker Email: _____

“These policies are medically underwritten; therefore, it is necessary to ask a few pre-qualifying health questions to determine eligibility for LTC consideration. In addition, this information will assist us for your future application process.

Applicant Name: _____ **Phone:** _____

DOB: _____ **Email :** _____

Have you smoked in the last 2 years? _____ **Marital Status:** _____

Your Height? ___ foot ___ inches **Your Weight?** _____ pounds

Any recent weight loss/gain? _____ **Reason:**

All hospitalizations including day surgeries in the last 15 years? (Dates and procedures)

Any pending surgeries, treatments or testing?

Do you use any mobility devices like a cane, or handicap sticker? _____ why?

Any of the following ever happen to you? Cancer Stroke Blood clot

Explain: _____

What issues do you have with any internal organs (heart) or other conditions?

High Blood Pressure: _____ **Diagnose Date:** _____

Date of Last Reading: _____ **Reading:** _____

Diabetes? _____ **Diagnosis date:** _____ **A1C Level:** _____

Treatment? _____

Mental Health issues ... Anxiety or Depression. _____ **treatments?**

Reasons for doctor’s visits more than once or twice a year?



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Your Prescriptions, dose, frequency and why taken? (list)

- 1.
- 2.
- 3.
- 4.
- 5.

“Thank you for completing this preliminary LTC health questionnaire. Please feel free to furnish any other information that will assist us in pursuing the best and most affordable Long-Term Care options.

“In addition, it is important for us to know a little about your financial situation. The below information can assist us to better design a customized plan for you.”

1. What is your annual household income? \$ _____
2. Do you fully own your home? _____
or if a mortgage, the balance of that mortgage: \$ _____
3. What is your Net Worth without counting your home? (approx.) \$ _____
 - a. Annuities: _____
 - b. Retirement funds (401K, 403B, Roth IRA & etc.) _____

“You have provided me with sufficient information to determine your eligibility to apply for this important protection vehicle. Thank you.”

Additional Comments or Questions:

Please save to your computer and email the completed form to: rcohen@resourcebrokerage.com