LTCi Pre-qualification Form

LIFE BROKERAGE FINANCIAL GROUP

Complete this form and fax it to (954) 491 0524. If you would like to obtain a verbal opinion, please call our LTCi Brokerage Director, John Mitchell, CLTC at (866) 811 5234.

Note: The applicants' signature and medical records are not required.

Producer Name:_____Phone:_ _____ Fax: _____
E-mail: _____
Applicant's Date of Birth: _____

1. Height:_ _____ Weight:_ _____
2. Has the applicant used tobacco products in the last 12 months? ❑ Yes ❑ No
3. Within the last five years, have you received medical advice, diagnosis, or treatment, or consulted with a member of the medical profession for any of the following conditions:

Circulatory disorders	❑ Yes	❑ No
Endocrine and pituitary disorders	❑ Yes	❑ No
Cancers	❑ Yes	❑ No
Genital urinary disorders	❑ Yes	❑ No
Gastrointestinal disorders	❑ Yes	❑ No
Neurological disorders	❑ Yes	❑ No
Blood disorders	❑ Yes	❑ No
Musculoskeletal disorders	❑ Yes	❑ No
Respiratory disorders	❑ Yes	❑ No
Eye and ear disorders	❑ Yes	❑ No
Substance abuse	❑ Yes	❑ No

4. Does the applicant currently use any assistance or mechanical devices? ❑ Yes ❑ No
5. Has the applicant ever received home health care, been confined to a nursing home, or rehabilitation facility? ❑ Yes ❑ No
6. Does the applicant require human assistance or supervision in performing any of your activities of daily living? ❑ Yes ❑ No
7. Has the applicant had a complete physical exam within the past 18 months? ❑ Yes ❑ No
8. Is the applicant currently receiving disability benefits? If yes, list type of disability and medical condition. ❑ Yes ❑ No

Disability _____

Details to questions 3–6:

Q#_ ___Diagnosis_ _____Diagnosis date_____ Treatment dates_____
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List all prescription medications prescribed over the past 12 months: