Health Questionnaire

Name	Height	Weight	Phone (home, work, or cell)

Does Long Term Care Insurance make sense for you? Please rank the top 3 statements in order of importance (i.e. 1 most important, 2 next important). "I would like to . . . "

Statement	Rank	Statement	Rank
Protect my family from the burden of caregiving		Receive quality care	
Know someone will be there to care for me		Plan for the unexpected	
Stay in my own home		Stay in control, independent, have choices	
Protect my life savings/preserve inheritance		Maintain my dignity	

If you know someone who has received long-term care, briefly describe your experience.

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Please check "Yes" or "No" beside each question.	Yes	No
1. Do you require supervision or assistance with activities of daily living such as walking, eating, bathing, dressing, toileting, moving into or out of a bed or chair or with taking medication?	❒	❒
2. Do you use a walker, wheelchair, quad cane, motorized personal transport, chair lift or oxygen?	❒	❒
3. Have you ever had an organ transplant (other than corneal) or a defibrillator implanted?	❒	❒
4. In the past 12 months, have you been confined in a hospital or had heart surgery including bypass, angioplasty, stent placement or heart valve surgery?	❒	❒
5. In the past two years:		
a. Has a medical professional scheduled or advised you to have surgery requiring general anesthesia, or undergo testing and you have not done so?	❒	❒
b. Have you resided or been advised to reside in a Nursing Home or Assisted Living Facility?	❒	❒
c. Have you received or been medically advised to receive Home Health Care or Adult Day Care services?	❒	❒
d. Have you had a balance disorder or difficulty walking?	❒	❒
6. In the past two years, have you had, been diagnosed, received treatment or taken medication for any of the following conditions?		
a. Alzheimer's disease, dementia or memory loss	❒	❒
b. Acquired Immune Deficiency Syndrome (AIDS) or HIV positive	❒	❒
c. Amyotrophic Lateral Sclerosis (ALS), Multiple Sclerosis, Muscular Dystrophy, Parkinson's disease or myasthenia gravis	❒	❒
d. Psychosis or Schizophrenia	❒	❒
e. Diabetes with complications such as retinopathy (eye disease), neuropathy (numbness/tingling in hands or feet), or kidney failure	❒	❒
f. Internal cancer, leukemia, lymphoma or melanoma	❒	❒
g. Osteoporosis with related fracture(s)	❒	❒
h. Systemic lupus, kidney failure, cirrhosis or the liver or hydrocephalus	❒	❒
i. Stroke or cerebrovascular accident (CVA), TIA, congestive heart failure or atrial fibrillation	❒	❒
j. Amputation due to disease	❒	❒

State law requires that certain financial information be considered to determine if a policy is right for you.

What is your annual income?

❒ Under $20,000 ❒ $20,000-$30,000 ❒ $30,000-$50,000 ❒ Over $50,000

Not counting your home, what is the estimated value of your assets (savings and investments)?

❒ Under $20,000 ❒ $20,000-$30,000 ❒ $30,000-$50,000 ❒ Over $50,000