

LifeStyle Insurance Services, Inc.
LTC Proposal Request Form

Agent Name _____	<input type="checkbox"/> Fax # _____
Phone # _____	<input type="checkbox"/> Email _____
Agent License # _____	
Date quote is being presented to client _____	

Client (s') Annual Premium Budget: _____
--

Please circle the product(s) you need to see.

GENWORTH	JOHN HANCOCK	METLIFE	PRUDENTIAL
Choice (CA)	Custom Care	VIP II Value	LTC BY Design (FL)
Classic Select	Custom Care II Enhanced	VIP II Ideal	LTC3
Privilege Choice	Leading Edge	VIPII Facility	
Partnership	Partnership	Partnership	Partnership
Cornerstone Advantage		LifeStage Advantage	Evolution

Client Name		Client Name	
Issue State		Issue State	
Date of Birth/Age		Date of Birth/Age	
Married/Partner		Married/Partner	
Benefit Amount Indicate daily/monthly		Benefit Amount Indicate daily/monthly	
Home Care Percentage		Home Care Percentage	
Elimination Period		Elimination Period	
Benefit Duration		Benefit Duration	
Health	Please complete pre-qual	Health	Please complete pre-qual
Inflation Type		Inflation Type	
Life pay, 10pay, pay to 65		Life pay, 10pay, pay to 65	
Riders		Riders	

Please complete the information below:

Riders: (*Please circle selected choices*) Indemnity Rider, Return of Premium, Waiver of EP for Home Care, Shared Care, Survivorship & Waiver of premium, Joint Waiver of premium, Accelerated Payment: 10 pay, pay to 65, Restoration of Benefits, Calendar Day EP, and Additional Cash Benefit. State specific rules govern rider availability.

Carrier Underwriting Hotlines	Med Notes
Genworth 800-354-6892, 1 John Hancock 800-377-7311 MetLife 888-799-0902 #3 Prudential 800-800-8542	

Fax Requests to 949-493-8366
Questions? Call 800-493-2056 ext. 261 or 263

Generic Carrier Pre-Qualification/ Health Pre-Screen Worksheet

Standard Height/Weight Minimum & Maximum		5' 6" 106—216	5' 11" 122—250	6' 4" 140—287
4' 10" 82—167	5' 2" 93—191	5' 7" 109—223	6' 0" 126—258	6' 5" 144—295
4' 11" 84—173	5' 3" 96—197	5' 8" 112—230	6' 1" 129—265	6' 6" 147—303
5' 0" 87—179	5' 4" 99—204	5' 9" 115—236	6' 2" 133—272	6' 7" 150—311
5' 1" 90—185	5' 5" 102—210	5' 10" 119—243	6' 3" 136—279	Rev. 09/01/08

Factor	Date of Occurrence	Treatment	Date of last Treatment
Any Surgery/Medical Incident			
Heart Surgery/ Bypass/ Angioplasty/Arterial Stints			
Joint Replacement			
Cancer			
Arthritis			

Are you currently being prescribed any chronic prescription medications (excluding thyroid replacement, hormone replacement, birth control, or allergies)?

Within the past 10 years have you received medical advice, diagnosis or treatment, or consulted with a member of the medical profession for any chronic conditions? Date of diagnosis, treatment completed or date condition controlled (last incident).

With illnesses such as cancer find out how long they have been cancer free. Find out the grade or stage of the cancer. Any reoccurrences? Did it metastasize or spread? Were there lymph nodes involved?

For Diabetes ask about their fasting blood sugar level, A1C score, units of insulin, or any other co-morbid factors. Do they smoke?

For Osteoporosis please ask about the latest bone density scores and stability and medications.

For depression we need medications, treatments, and actual diagnosis. We need to know what brought it on and was it situational or is it on-going.

Make sure you ask if they have ever been on oxygen, do they use tobacco, do they drink (if so how much, how frequently) and do they need assistance with ADL's.

Medications	Reason	Amount/Dosage	Frequency	How Long

Generally, we need to see control and stability. If someone has had an operation in the last five years we need to know why, when and how long ago was the very last treatment. We need to know about reoccurrences of illnesses or accidents and how they are affecting independence.

Please be as thorough as possible. Always ask, "Is there anything else?" And always remember that pre-underwriting is not an exact science. It's just a rough estimate of your client's health situation. Final decisions are always based on medical records.