SIMPLICITY
ASSET-BASED LTC

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LTC HEALTH QUESTIONNAIRE

Advisor Name: _____

Phone Number: _____ **Email:** _____

Name: _____ Spouse, if married: _____

Gender: _____ Gender: _____

Date of Birth: _____ Spouse's DOB: _____

State: _____

Pre-Screening Health Statement - **Part A**

	Client	Spouse (if applicable)
1. Are you a smoker?	◯ **Yes** ◯ **No**	◯ **Yes** ◯ **No**
2. Within the past two years have you been confined to a nursing home, assisted living center, received or been advised to receive hospice care, been advised that you have a terminal illness or need assistance with: bathing, eating, dressing, toileting, transferring into and out of bed, chair, or wheelchair and/or maintain continence?	◯ **Yes** ◯ **No**	◯ **Yes** ◯ **No**
3. Are you currently hospitalized, bedridden or use medical devices such as: wheelchair, walker, dialysis machine, oxygen equipment, respirator, stair lift, chair lift, motorized scooter or taking medications Aricept, Exelon, Reminyl or Namenda?	◯ **Yes** ◯ **No**	◯ **Yes** ◯ **No**
4. Have you ever been diagnosed by a member of the medical profession as having AIDS, HIV, or ARC disorders, or tested positive for antibodies for the AIDS virus?	◯ **Yes** ◯ **No**	◯ **Yes** ◯ **No**
5. If under the age of 65, is there any reason you are not physically and mentally capable of active employment or are you currently receiving or have received within the past five years social security disability income benefits?	◯ **Yes** ◯ **No**	◯ **Yes** ◯ **No**
6. Have you ever been diagnosed, treated, tested positive for, or been given professional medical advice for: Alzheimer's disease, dementia, memory loss, multiple sclerosis, muscular dystrophy, ALS (Lou Gehrig's disease) Parkinson's disease, down syndrome, organ transplant (other than kidney) or active cancer?	◯ **Yes** ◯ **No**	◯ **Yes** ◯ **No**

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Pre-Screening Health Statement - **Part B**

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Client: _____ **Height:** _____ **Weight:** _____

In the past 5 years, is there a history of:

- ☐ Diabetes
- ☐ Depression
- ☐ Uncontrolled High Blood Pressure
- ☐ Cancer
- ☐ Leukemia
- ☐ Heart Disease
- ☐ Congestive Heart Failure
- ☐ Organ Failure/Disease
- ☐ Heart Attack
- ☐ Cardiomyopathy
- ☐ Amyotrophic Lateral Sclerosis (ALS)
- ☐ Chronic Obstructive Lung Disease (COLD)
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Stroke
- ☐ Seizures

IF ABOVE CHECKED PLEASE PROVIDE DETAILS ON NOTES PAGE

Other: _____

CLIENT	DOSE	FREQUENCY	REASON

Spouse: _____ **Height:** _____ **Weight:** _____

In the past 5 years, is there a history of:

- ☐ Diabetes
- ☐ Depression
- ☐ Uncontrolled High Blood Pressure
- ☐ Cancer
- ☐ Leukemia
- ☐ Heart Disease
- ☐ Congestive Heart Failure
- ☐ Organ Failure/Disease
- ☐ Heart Attack
- ☐ Cardiomyopathy
- ☐ Amyotrophic Lateral Sclerosis (ALS)
- ☐ Chronic Obstructive Lung Disease (COLD)
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Stroke
- ☐ Seizures

IF ABOVE CHECKED PLEASE PROVIDE DETAILS ON NOTES PAGE

Other: _____

CLIENT	DOSE	FREQUENCY	REASON

Monthly Income:

Type	Client Income	Spouse Income
Social Security		
Gross Wages		
Pensions		
Other		
Total		

Do you rely on IRA Income for living expenses? ◯ **Yes** ◯ **No**

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Notes

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By completing and submitting this pre-screening questionnaire, you agree that you may be contacted by a licensed insurance agent or financial professional to discuss asset-based long-term care insurance options. Asset-based long-term care insurance products and optional contract riders contain fees, exclusions, limitations, and surrender charges. Pre-screening questionnaires are used for preliminary evaluation only and do not guarantee coverage or policy issuance. Policy issuance is subject to formal medical and financial underwriting by the issuing insurance company. Guarantees are backed solely by the financial strength and claims-paying ability of the issuing insurer. Withdrawals or distributions from traditional IRAs are subject to ordinary income tax and, if taken prior to age 59½, may be subject to a 10% federal penalty. Consult your personal tax advisor regarding your specific situation. This material is provided for educational and informational purposes only and should not be construed as specific legal, tax, or investment advice. Individuals should consult with their independent tax professional or legal advisor regarding their personal situation.

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