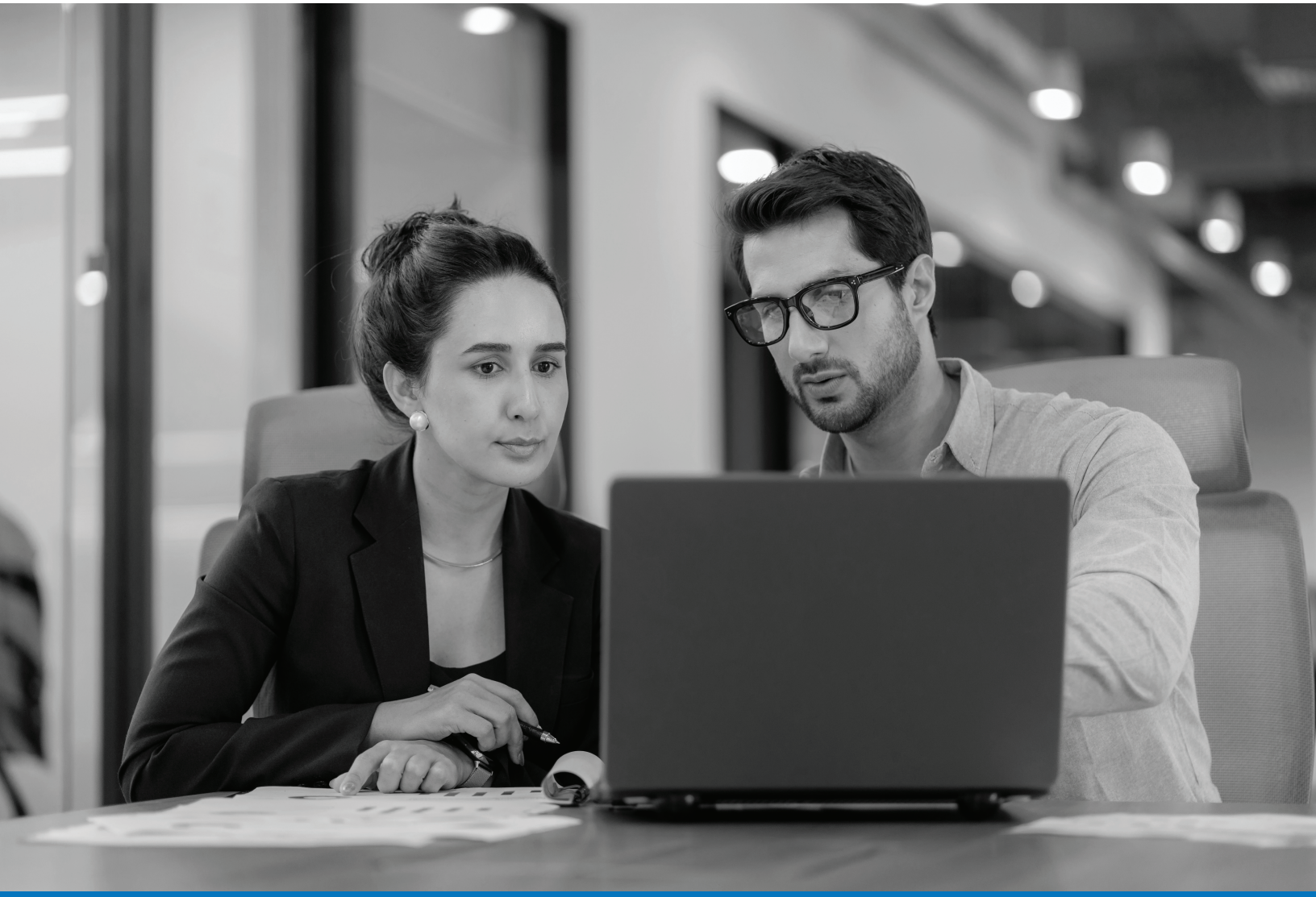


Long-Term Care Field Underwriting Questions

Specific Conditions and Corresponding Questions

Field Underwriting Questions

The Importance of Field Underwriting

Understanding the art & science of underwriting can seem like an impossible task. But the more underwriting knowledge you possess, the easier it is to determine a clear path forward and recommend the right life insurance policy to your clients.

This guide is intended to give you and your clients better insights into an underwriter's decision making and may help you to better assess your client's insurability.

Field underwriting plays a crucial role in the life insurance application process by assessing an applicant's risk factors upfront and prior to submitting the formal application. This proactive approach helps insurers and applicants by speeding up approvals, reducing delays, and matching people with the right policy. For applicants, it also sets clear expectations, lowers the risk of rejection, and can lead to quicker policy issuance.

Below are some key ways in which field underwriting improves the experience for applicants.

More Suitable Coverage: Applicants receive policies that align better with their health and lifestyle

Quicker Approvals: Early identification of potential issues speeds up the approval process

Clearer Expectations: Applicants gain a better understanding of their eligibility and potential costs upfront

Fewer Rejections: Identifying disqualifying factors early reduces the chances of denial later in the process

Higher Policy Acceptance: Clients are more likely to accept coverage if it aligns with what was presented to them at the start of the process

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Field Underwriting Questions

The following questions may be appropriate if your client has any of these conditions:

AREAS OF CONCERN & SPECIFIC QUESTIONS FOR CONDITIONS:

- Height and Weight Ratio particularly in combination with Arthritis, Diabetes, Heart Disease or Hypertension.
- Tobacco use in combination with Heart Attack/Heart Surgery, Circulatory Disease, or Chronic Respiratory Disease will result in a decline.
- Tremors and/or tremulous handwriting.
- Combinations of conditions (e.g., the combination of a heart condition with other circulatory problems, diabetes and/or respiratory conditions) may present an increased risk versus having one of these conditions independently, and therefore, may lead to a substandard rating or a decline.
- Client's difficulty getting out of the chair or walking across the room.

ARTHRITIS:

1. With what type of arthritis have you been diagnosed (Osteo, Rheumatoid or Degenerative Arthritis)?
2. What joints are affected?
3. Have you had any joint replacements?
4. What is your height and weight?
5. Are you taking any medication for arthritis? Name(s) and dosage? Have you had any recent changes in medications?
6. Have you ever used steroids to treat your arthritis? How much and for how long?
7. Do you have any limits in activity as a result of your arthritis? How far can you walk without resting? Do you have any difficulty with stairs?

CANCER:

For any type of cancer other than basal cell skin cancer, squamous cell of the skin or early state breast or prostate cancer, the client must have gone at least two years without surgery or treatment.

1. What type of cancer did you have? Date of diagnosis?
2. Where was the cancer located?
3. Do you know the stage/grade of cancer?
4. Do you have any positive lymph nodes or did it spread to other areas? # of nodes involved?
5. Was the cancer diagnosed as metastatic?
6. Do you have a history of cancer or is the cancer recurrent? Dates/details...
7. What type of treatment did you receive (surgery, x-ray therapy, chemotherapy)? Dates of last treatment...
8. Any complications or residual problems?
9. If prostate cancer, do you know your current PSA?

DEPRESSION, BIPOLAR OR ANXIETY:

1. Date of diagnosis?
2. Are you taking any medications? Name(s) and dosage?
3. Has this been diagnosed as situational?
4. Have you ever been hospitalized for depression, anxiety or other mental illness? Date/details?
5. Have you ever received electroconvulsive shock therapy?
6. Have you had any history of anxiety or other mental illness disorders? Details/date of diagnosis?

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Field Underwriting Questions

DIABETES:

1. Are you taking any medication for diabetes? Name(s) and dosage?
2. Are you taking Insulin? Units/Day?
3. Date of Diagnosis?
4. Does your doctor feel your blood sugar level is in good control? How long has it been stable?
5. Do you have any diabetes-related complications? (e.g., eye problems directly related to diabetes, kidney problems, circulatory problems, numbness and tingling of the extremities, or non-healing wounds or skins ulcers?) Any amputations? Please provide details...
6. What is your height and weight?
7. What is your most recent blood sugar level or Hemoglobin A1C?
8. What type of diabetes (Juvenile, Type I or Type II)?

HYPERTENSION/HEART DISEASE:

1. What was your last and average blood pressure reading?
2. Does your doctor feel your condition is controlled?
3. Are you taking any medications? Name(s) and dosage? Have you had any recent changes in medications?
4. Do you have any other heart or circulatory problems?
5. Have you been hospitalized for any other heart or circulatory problems? Details...
6. Do you have any kidney problems? Details...

OSTEOPOROSIS:

1. Date of diagnosis?
2. Are you taking any medications? Name(s) and dosage?
3. Have you had any recent fractures such as bone or spinal?
4. Have you had any loss in your height?
5. Has your doctor done any bone density studies?
6. What were the T-Scores of the last bone density study and date?
7. What is your degree of osteoporosis?
8. Do you have Degenerative Disc Disease or Scoliosis? Details...
9. What type of exercise do you engage in? Frequency?

OTHER:

1. During the last 10 years, have you ever used unlawful drugs, or used prescription medications other than as prescribed by your doctor?
2. Have you ever received medical treatment, counseling or been hospitalized for drug use?
3. Do you regularly consume 4 or more alcoholic beverages per day, or do you drink 5 or more drinks per day1 or more days per week?
4. Are you currently (or have you in the last year) been in Physical Therapy? What part of the body? What date did it end?
5. Do you use marajuana? Medicinally? Recreationally? How often per month?

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Field Underwriting Questions

SEIZURES:

1. What type of seizures do you have? Examples include:
   - Tonic-clonic (Grand Mal): Loss of consciousness, muscle stiffening, rhythmic jerking
   - Absence (Petit Mal): Brief periods of staring/unresponsiveness
   - Tonic: Muscle stiffness and rigidity
   - Clonic: Rhythmic jerking or twitching
   - Myoclonic: Brief, jerky muscle movements
   - Atonic: Sudden loss of muscle tone resulting in falls
2. When were you diagnosed?
3. How frequently do seizures occur?
4. Are your seizures currently controlled?
5. How many seizures have you experienced in the past 12 months?
6. If you are taking medication for this condition and it's not already listed on the questionnaire form, please provide the medication name, dosage, and frequency.
7. Have you been diagnosed with epilepsy? If yes, when were you diagnosed?

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