

**LONG TERM CARE INSURANCE
FACT FINDER-ILLUSTRATION REQUEST**

CLIENT INFORMATION

CLIENT: _____ DOB _____

MALE/FEMALE _____ TOBACCO USER: Y / N _____ HEIGHT _____ WEIGHT _____

SPOUSE/PARTNER: _____ DOB _____

MALE/FEMALE _____ TOBACCO USER: Y / N _____ HEIGHT _____ WEIGHT _____

BASIC BENEFITS

MONTHLY BENEFIT AMOUNT \$ _____ ELIMINATION PERIOD: 30 days/60 days/90 days _____

INFLATION RIDER: NONE / 2% / 3% / 5% _____

MEDICAL HISTORY SCREENING

Check all that apply:

Client A

Spouse/Partner

Do you use a cane or a walker?

Do you use oxygen or a respirator?

Do you require assistance in performing the following:

Moving in or out of bed or a chair, bathing, dressing,
eating, toileting, bladder/bowel control?

History of Heart Disease, Cancer, Diabetes?

History of Stroke, TIA, Parkinson's Disease, Memory Loss, Dementia?

History of liver or kidney disorder?

Any family members diagnosed with dementia or Parkinson's Disease?

Any other health history?

List medications currently taking:

Client: _____

Spouse/Partner: _____

Details to above questions: _____
