

It is our intent to help you determine the potential eligibility of your applicant. Applicants who have not been previously declined for long-term care coverage by any company and can answer 'NO' to ALL of the following questions are good candidates for Annuicare®. Applicants must satisfy medical and functional conditions before an Annuicare® policy can be issued. If your applicant passes this initial assessment, proceed to the telephone interview by calling **888-390-5824** during our business hours of **9 AM-7 PM Central Time, Monday-Friday.**

Applicant Name \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  Smoker  Non-Smoker

Agent Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

1. Do you currently reside in or have been confined in an assisted living facility in the past? Do you utilize any of the following medical equipment? Oxygen, Walker, Wheelchair, Multi-prong cane, Crutches, Braces, Stair Lift, Motorized Scooter, Bladder Catheter, are or have been undergoing Kidney Dialysis?  Yes  No
2. Do you require any assistance with the following activities of daily living? Bathing, dressing, transferring, eating, toileting, bowel or bladder control, mobility, or taking medications?  Yes  No
3. Are you currently on SSDI Disability or receiving any other type of disability payment?  Yes  No
4. Have you been medically advised to have any surgery, organ transplant, diagnostic test, or medical evaluation that has not yet been completed?  Yes  No
5. Have you ever consulted a medical professional, been diagnosed or treated or taken medication for:
  - a) Alzheimer's Disease, Dementia, Recurrent Memory Loss, Organic Brain Syndrome  Yes  No
  - b) Stroke, TIA, Parkinson's Disease, Paralysis, Paraplegia, HIV, AIDS  Yes  No
  - c) Multiple Sclerosis, Muscular Dystrophy, Lou Gehrig's Disease (ALS), Cystic Fibrosis, Huntington's Chorea, Systemic Lupus  Yes  No
  - d) Multiple Myeloma, Myasthenia Gravis  Yes  No
  - e) Diabetes I diagnosed before the age of 20 or treated with 100 or more units of Insulin/day  Yes  No
  - f) Rheumatoid or Psoriatic Arthritis with Joint Deformity, require narcotics for pain relief  Yes  No
  - g) Amputation or blindness due to disease  Yes  No
6. In the past 2 years have you consulted a medical professional, been diagnosed or treated or taken medication for:
  - a) Leukemia, Hodgkin's Disease or other Lymphoma, Cancer of the Bone, Breast, Colon, Esophagus, Liver, Lung, Ovary, Pancreas, Stomach, Uterus, or any Metastatic Cancer  Yes  No
  - b) Seizures, Convulsions, Fainting, Repeated falls, Fractures related to a fall  Yes  No
  - c) Treated for alcohol or drug use  Yes  No
7. Lastly, in reviewing the chart below and based on the last time your height and weight was recorded by your physician, do you fall outside the guidelines presented below?  Yes  No

### FEMALE AND MALE HEIGHT AND WEIGHT GUIDELINES

FEMALE						MALE					
HEIGHT	MINIMUM WEIGHT	MAXIMUM WEIGHT	HEIGHT	MINIMUM WEIGHT	MAXIMUM WEIGHT	HEIGHT	MINIMUM WEIGHT	MAXIMUM WEIGHT	HEIGHT	MINIMUM WEIGHT	MAXIMUM WEIGHT
4'10"	76	192	5'4"	92	233	5'9"	108	271	6'2"	124	312
4'11"	78	198	5'5"	95	241	5'10"	111	279	6'3"	127	320
5"	81	205	5'6"	98	248	5'11"	114	287	6'4"	131	329
5'1"	84	212	5'7"	101	256	6'	117	295	6'5"	134	337
5'2"	87	219	5'8"	104	263	6'1"	120	303	6'6"	138	346
5'3"	90	226									