THE THOMPSON AGENCY
Life | Long Term Care | Disability | Annuity
BROKERAGE SERVICE - *Making "Life" Easier*

LTC - Underwriting Prescreen Form

Upon submission of this form, you will receive a non-binding opinion based on the information provided. Final underwriting decision is reserved and is subject to review of a completed application, all other required forms and necessary underwriting requirements.

Agent Name _____

Client Name _____

Age _____ **Gender** ☐Male ☐Female

Height _____ **Weight** _____

Tobacco products used in the last 36 months? ☐Yes ☐No

Currently receiving disability benefits or have you previously been declined for LTC insurance? Yes ☐ No ☐

Within the last 5 years, has the applicant received medical advice, a diagnosis, treatment or consulted with a member of the medical profession for any of the following conditions?:

CONDITION	Yes
Heart Disease/High Blood Pressure	
Carotid Artery/Peripheral Vascular Disease	
TIA / Stroke/CVA	
Blood Clots/Embolism/Aneurism	
Cognitive Impairment/Alzheimer's Disease/Dementia	
Memory Loss or Forgetfulness	
Diabetes/Pre-Diabetes	
Depression/Anxiety/Bipolar Disorder	
Chronic Fatigue Syndrome/Fibromyalgia	
Kidney Disease	

CONDITION	Yes
Crohn's Disease/ Ulcerative Colitis/Gastric Bypass	
Liver Disorders/Hepatitis/Cirrhosis	
Back Disorders/Degenerative Disc Disease/Spinal Stenosis	
Osteoarthritis/Rheumatoid Arthritis	
Asthma/Chronic Obstructive Pulmonary Disease	
Osteoporosis/Fractures/Osteopenia	
Seizures/Neuropathy/Tremor	
Substance Abuse/Alcoholism	
Cancer/Leukemia/Lymphoma/Sarcoma	
Visual Impairment/Vision Loss	

If any questions or conditions are answered "YES", please list the date of the diagnosis, the state of the condition, and the treatment received:

_____

_____

_____

In the past 5 years, has the applicant received medical advice, a diagnosis, treatment or consulted with a member of the medical profession for any reason not stated? If yes, please provide details.

_____

_____

Do you any upcoming scheduled doctor's appointments or medical testing? Have you had any procedures or follow-up visits recommended by your doctor but not yet completed?

_____

_____

List all prescription medication taken over the past 12 months along with reason taken and the date you began taking the medication:

_____

_____

Email or Fax Completed Underwriting Prescreen Form to The Thompson Agency

www.thompsonagency.net | pzinnen@thompsonagency.net | **Phone: 800.842.8289 | Fax: 617.783.6369**