

An **icon** company

### LONG TERM CARE Fact Finder

**Producer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Client:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Female  Smoker  Married/Partner  
 Male  Non-Smoker

**Rating:**  Preferred Discount  Standard Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Medications:

1) \_\_\_\_\_ Dosage \_\_\_\_\_ 3) \_\_\_\_\_ Dosage \_\_\_\_\_  
2) \_\_\_\_\_ Dosage \_\_\_\_\_ 4) \_\_\_\_\_ Dosage \_\_\_\_\_

**Spouse/Partner Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Female  Smoker  
 Male  Non-Smoker

**Rating:**  Preferred Discount  Standard Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Medications:

1) \_\_\_\_\_ Dosage \_\_\_\_\_ 3) \_\_\_\_\_ Dosage \_\_\_\_\_  
2) \_\_\_\_\_ Dosage \_\_\_\_\_ 4) \_\_\_\_\_ Dosage \_\_\_\_\_

**State of Residence:** \_\_\_\_\_

**Health History/Pre-Qualification:**

Does or has the applicant:

Used assistive devices-cane/walker/wheelchair  Received DI benefits in the last 5 years  
 Had surgery recommended or scheduled  Have a requirement for/use of handicap permit

**A history of any of the following:**

(Check any that apply and include client name with details where condition applies)

Osteoarthritis/Osteoporosis  Nerve Disorder/Huntington's  Diabetes  
 Cancer (Type) \_\_\_\_\_  Back injury  Respiratory or Pulmonary Condition  
 Heart Disease/Stroke  Fibromyalgia/Chronic Pain  Parkinson's/Multiple Scleroses  
 Cardiovascular/Circulatory  Depression/Anxiety  Dizziness/Seizures/Memory Loss  
 Family History of Dementia  Other \_\_\_\_\_

Details/Additional Information:

**Product Requested:**

**Traditional**  **Asset-Based Linked Hybrid**  **Life w/LTC Rider Hybrid**  **Annuity**

**How will you fund the policy:**

From Income  1035 Exchange  Cash  IRA/Qual Plan  Other \_\_\_\_\_

Continuous Pay  5-pay  10-pay  Single Pay-Amount? \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_