

Preferred Self Screening Questionnaire

A quick and easy way to screen for Preferred rates

QUESTIONS FOR YOUR CLIENTS:

YES NO

1. Have you used any tobacco products within the past 12 months?		
2. Has it been more than 18 months since you consulted with your Primary Care Physician?		
3. Is your height and weight outside the following range of the build table? 4'7" 73-150 lbs 5'0" 87-179 lbs 5'5" 102-210 lbs 5'10" 119-243 lbs 6'3" 136-279 lbs 4'8" 76-156 5'1" 90-185 5'6" 106-216 5'11" 122-250 6'4" 140-287 4'9" 79-162 5'2" 93-191 5'7" 109-223 6'0" 126-258 6'5" 144-295 4'10" 82-167 5'3" 96-197 5'8" 112-230 6'1" 129-265 6'6" 147-303 4'11" 84-173 5'4" 102-210 5'9" 115-236 6'2" 133-272 6'7" 150-311		
4. Do you have a medical history of, or currently have, any of the following conditions?		
Abdominal, Cerebral, or Thoracic Aneurysm		
Cancer of internal organs (excluding early stage Melanoma)		
Chronic respiratory disease (e.g.: Asthma on daily treatment, Chronic Obstructive Pulmonary Disease, Sleep Apnea, Bronchiectasis)		
Circulatory Disease (Carotid Artery, Coronary Artery, or Peripheral Vascular Disease)		
Depression or Anxiety disorder under treatment with medication		
Diabetes		
Fibromyalgia, Chronic Fatigue Syndrome, or Polymyalgia Rheumatica		
Heart Disease (e.g.: Atrial Fibrillation, Valvular Heart disease, Congestive Heart failure, Cardiomyopathy)		
Joint Replacement		
Macular Degeneration, Retinitis Pigmentosa, or Legal Blindness		
Osteoporosis		
Restless Leg Syndrome or Tremors		
Rheumatoid/Psoriatic Arthritis or Arthritis affecting the spine, hips or knees		
Seizure Disorder		
Transient Ischemic Attack, Retinal Occlusion, or Transient Global Amnesia		
Ulcerative Colitis, Crohn's Disease, or Gastric Bypass		
5. Are your average blood pressure levels greater than 135/85?		
6. Are you currently receiving, or have you received any disability benefits within the past 12 months?		
7. Are you currently being prescribed any chronic prescription medications (excluding thyroid replacement, hormone replacement, birth control, allergies, or treatment for hypertension or cholesterol)?		
8. Within the past 12 months, have any surgeries or diagnostic tests been recommended but not performed (excluding annual preventative screenings)?		
9. Have you been declined, postponed, or rated for LTC insurance coverage within the past 24 months?		

If your client accurately answers "No" to the above questions, and meets all insurability questions on the application for LTC insurance, they may qualify for the Preferred health discount. Final determination of premium rate class will be based on a review of all underwriting process requirements necessary.