

LTC Quick Quote Form



Use this form to help you ensure you're including all necessary information in your Quick Quote submissions.

You will receive a tentative underwriting assessment via email within 24-48 hours.

- 1. Date of Birth _____ 2. Gender Male Female State _____
- 3. Height _____ 4. Weight _____
- 5. Tobacco products used in the last 36 months? Yes No Marital Status: _____
- 6. Use of a cane, crutches, walker, wheelchair, scooter, stairlift, oxygen, dialysis and/or hospital bed currently or within the last 6 months?
 Yes No If yes, type _____
- 7. Currently receiving disability benefits? Yes No If yes, % _____ type _____
- 8. Previously declined for LTC insurance? Yes No
- 9. Within the last 5 years, has the applicant received medical advice, diagnosis, treatment or consulted with a member of the medical profession for any of the following conditions?:

CONDITION	YES	NO
Heart Disease/High Blood Pressure		
Carotid Artery Disease/Peripheral Vascular Disease		
Transient Ischemia Attack (TIA) <2		
Stroke/CVA or Transient Ischemic Attack (TIA) >1		
Blood Clots/Embolism		
Cognitive Impairment/Alzheimer's Disease/Dementia		
Memory Loss or Forgetfulness		
Diabetes		
Depression/Anxiety/Bipolar Disorder		
Chronic Fatigue Syndrome/Fibromyalgia		
Kidney Disease		

CONDITION	YES	NO
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 (COPD)		
Osteoporosis/Fractures		
Seizures/Neuropathy/Tremor		
Substance Abuse		
Cancer/Leukemia/Lymphoma/Sarcoma		
Visual Impairment/Vision Loss		

If any questions or conditions are answered "YES", provide details:

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

- 11. List all prescription medication taken over the past 12 months and reason taken:

- 12. Desired Benefits:

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