

INDIVIDUAL LONG-TERM CARE PREQUALIFICATION

To pre-qualify your potential applicant, please provide the information below and submit your request to LTCUnderwriting@mutualofomaha.com

If you are prequalifying a couple, or more than one person, please use a separate prequalification form for each potential applicant.

Age: _____ Sex: Male___ Female___ Height: _____ Weight: _____

Tobacco use: _____ Date of last use: _____ State of residence: _____

Receiving disability benefits: _____ Type (VA, SSDI, ect.): _____ Reason: _____

Prior decline for long-term care insurance: _____ If so, date and reason: _____

If prior decline/postpone by Mutual of Omaha, please provide policy number: _____

Family history of Alzheimer's or any form of dementia: _____ If YES, specify member(s): _____

Age when diagnosed: _____

Type of dementia (if known): _____

Planned/pending surgery/testing: _____ If YES, provide details: _____

Date of last complete physical with bloodwork: _____

Medical History:

Please provide full details of the medical history of your potential applicant.

List all conditions and dates of diagnosis:

List all medications within the past 12 months, reason for taking it/diagnosis, start date and end date if applicable:

List all procedures, surgeries, hospitalizations, physical therapy, injections, ect., and include the associated diagnosis and dates:

Please provide any additional information: _____

Do not submit medical records. We will advise you if a record or test result is needed, and it must be submitted redacted, or with a signed HIPAA authorization.

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