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LONG-TERM CARE INSURANCE QUESTIONNAIRE

Client Information

	CLIENT A	CLIENT B
NAME		
DATE OF BIRTH		
MALE/FEMALE		
TOBACCO Y/N		
HEIGHT/WEIGHT		

Basic Benefits

Daily Benefit Amount: \$_____ Choose \$100-\$300 per day
 Elimination Period _____ Choose 30/60/90/180 Days
 Benefit Period _____ Choose 1-6 years
 Inflation Protection - NONE - 3% COMPOUND - 5% COMPOUND (Circle One)

Medical History Screening – Check all that apply

	CLIENT A	CLIENT B
Do you use a cane or walker?		
Do you use oxygen or respirator?		
Do you require assistance in performing the following: moving in and out of bed or a chair, bathing, dressing, eating, toileting, bladder/bowel control?		
History of cancer, heart disease, diabetes?		
History of asthma, COPD, emphysema?		
History of memory loss, stroke, TIA, dementia, Parkinson's Disease?		
History of liver or kidney disorder?		
Other?		

List medications for Client A and Client B – Names and Dosages

Details to YES answers above:
