



Client Screening Questionnaire

Please complete the following questions in as much detail as possible.
This information is the first step in the assessment and negotiation process.

Fax to 615-620-1877 – Life and LTC Dept.

Agent name and email: _____

Client name: _____ **Date of Birth:** _____

Death Benefit/LTC Benefit Desired: _____

Type of Coverage (By plan or describe the need and/or budget)

Tobacco User? _____ **Type** _____ **Amount per week** _____

Height _____ **Weight** _____ **Change in last 12 mos.?** _____

Family History: Any Parent or Sibling have cancer or heart *history* or *death* before age 60 (Provide details) _____

Foreign travel planned next 12 months: _____

What medication is the client currently taking, (Name, dosage, why taken, and how long taken?)

What is the client’s medical history? (Diseases, when diagnosed, treatment, surgeries, tests?)

Is there anything positive the underwriter should know? (Like exercise, diet, vitamins, annual check-ups,)

Additional Information for Specific Medical Conditions:

1. Coronary Artery Disease: 1) date of occurrence, 2) heart attack? 3) bypass, stent, angioplasty – how many vessels? 4) when was the last comprehensive coronary exam? and were the results normal?

2. Cancer: Ideally we need a copy of the operative and post-operative pathology reports. At minimum we need: 1) name and location of tumor, 2) treatment, 3) grade and (4)stage of cancer.

Diabetes: 1) age diagnosed, 2) A1C reading, 3) complications. _____

Hepatitis C: 1) liver biopsy? 2) treatment? 3) are liver function tests normal? 4) is viral load normal? 5) Is the Hep-C virus in remission? _____

Neurology (Stroke and TIA): Describe; any residual impairment? date of onset?
Treatment? _____

Multiple Sclerosis: Is it “relapsing remitting”/stable (flair-ups are ok as long as recovery is back to “normal”) or progressive? _____

Drug and Alcohol Treatment: 1) age and length of stay, 2) currently in AA, 3) drug and alcohol?, 4) occupation and duties, 5) married? 6) dependent children? alcohol?

Cognitive impairment: 1) is there a diagnosis, 2) was a mini-mental exam performed (short term memory oral test)? 3) was neurological exam done?, 4) are they taking aricept or excelon? 5) are they working and/or active outside the home? _____

Kidney disorder or loss of a kidney: Describe. Are kidney function tests normal?

Transplant surgery: companies will only consider kidney transplant and only if the kidney function tests are normal. All other organ transplants are uninsurable.

FOR LONG TERM CARE OR LONG TERM CARE RIDERS:

Has the client ever been in a nursing home, assisted living or received any care in their home or collected long term care benefits or disability income benefits.

Does the client use any assisted living devices? (cane, walker, wheel chair)

Does the client need any assistance with the activities of daily living? (eating, incontinence, toileting, transferring, bathing, dressing, ambulating.)

Does the client work? Have hobbies? Do volunteer work? Drive a car?

Is the client covered by Medicaid? ___ Is the client covered by any other Long Term Care? _____

Comments or additional information: (If you are competing with another company let us know. Tell us if you are replacing coverage and attach the client's policy statement.)

**Covenant Reliance Producers, LLC
Life and LTC Department
Joe Stamps, Director**

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