



Linked Benefits Questionnaire

Agent Name: _____ Date Needed: _____

Phone: _____ Email: _____

Primary Insured: _____

(Check if client is married, but spouse not applying/uninsurable)

Date of Birth: _____ Sex _____

Last Complete Physical: _____

Last Nicotine Use: _____

Height: _____ Weight: _____

State of Residence: _____

State Where App Will Be signed: _____

List details of any medical conditions in the past 10 years *

especially High Blood Pressure, Heart Attack, Angina, Angioplasty, Atrial Fibrillation, Stroke/TIA, Arthritis (all types), Diabetes, Osteoporosis, PSA, Cancer, Fibromyalgia, Anxiety/Depression, Surgeries or Hospital Stays, Previous LTCI Declines (continue list on back if needed):

Medical Condition:	Prescription Medications:	Dose & Frequency:

Spouse/Partner: _____

Date of Birth: _____ Sex _____

Last Complete Physical: _____

Last Nicotine Use: _____

Height: _____ Weight: _____

State of Residence: _____

State Where App Will Be signed: _____

List details of any medical conditions in the past 10 years *

especially High Blood Pressure, Heart Attack, Angina, Angioplasty, Atrial Fibrillation, Stroke/TIA, Arthritis (all types), Diabetes, Osteoporosis, PSA, Cancer, Fibromyalgia, Anxiety/Depression, Surgeries or Hospital Stays, Previous LTCI Declines (continue list on back if needed):

Medical Condition:	Prescription Medications:	Dose & Frequency:

* Auto Decline Conditions: ADL Deficit(s), AIDS, Alcoholism (4 or more drinks a day), ALS (Lou Gehrig's Disease), Alzheimer's Disease, Congestive Heart Failure, Cystic Fibrosis, Equipment Use (4 pronged cane, walker or wheelchair), HIV, Multiple Sclerosis, Muscular Dystrophy, Multiple Myeloma, Oxygen Use, Paralysis/Paraplegia/Quadriplegia, Parkinson's Disease, Transplants.

<p>Monthly Benefit Desired:</p> <p>\$ _____</p>	<p>Benefit Period Desired:</p> <p>_____ Years _____ Months (4, 5, 6) (25, 33, 50)</p> <p><input type="checkbox"/> Lifetime</p>	<p>Inflation:</p> <p><input type="checkbox"/> Compound _____ %</p> <p><input type="checkbox"/> None</p>
<p>Premium:</p> <p>Single \$ _____</p> <p>Flexible \$ _____</p> <p>Flexible Premium Years _____ (2 - 20 or lifetime)</p>	<p>Funds:</p> <p>Qualified \$ _____ (IRAs, 401(k))</p> <p>Nonqualified \$ _____ (Mutual Funds, CDs, Cash, 1035 Exchange)</p>	<p>ROP:</p> <p><input type="checkbox"/> 80%</p> <p><input type="checkbox"/> 100%</p>

Fax completed form to SBG: 763-522-6251