



Factfinder for Long Term Care insurance

Use additional sheets if necessary.

Name _____

Date of Birth _____

Gender _____

Height & Weight _____

Desired face amount \$ _____

LTC insurance purchases a "pot" of money that can be withdrawn as needed, subject to monthly limits ranging from \$5,000 to \$12,000, for example.

Are you or have you been a smoker, in the past five years? _____

What medications are you currently taking? _____

Please describe the related health conditions: _____

Have you ever been hospitalized in the past ten years? _____

If yes: why and what was the outcome? _____

Please describe any other health issues such as difficulties with the activities of daily living, cognitive, muscular, etc. _____

