



(Please provide as much as you can of: the existing policy, a policy illustration, and the most recent statement from the insurer relating to the policy's status).

9. What is the amount of long-term care insurance ?
10. What is the current annual premium?  
What was the original premium?
11. What is the policy date (i.e., when was the policy issued?)
12. If you have a projection of the policy's future performance, whether a current one or an illustration produced at the time you purchased the policy, please provide it.
13. Are you interested in more LTC coverage than you currently have?  
 Yes       No
14. Please describe your financial situation: total approximate net worth, approximate investment assets, other sources of income (e.g., current earned income and if so for how long; possible additional savings before retirement if applicable; defined benefit pension income, if any; possible inheritance or trust income, if any, etc.).
15. In today's dollars, what is the maximum total out-of-pocket cost you would be willing to incur on long-term care expenses if you need such care? (Please provide the total combined cost for you and your spouse or partner, if applicable, that you would be willing to absorb).
16. What is the maximum annual premium expense in today's dollars that you are willing and able to pay for long-term care insurance coverage? (Please provide the total combined premium for you and your spouse or partner, if applicable).
17. If a particular insurance company and policy appears to offer a better value, will you:
  - a. Consider such an alternative company or policy that an independent consultant, who does not sell insurance, might recommend?  
 Yes       No
  - b. If the answer to Question (a) is "yes," would you consider this alternative even if the agent or broker who sold the existing policy cannot offer the alternative policy because he or she cannot be licensed with the company that issues it?  Yes       No
18. Please specify any health conditions that MIGHT influence the health classification of a long-term care policy if you were to seek to increase or enhance your existing coverage. Please provide details,

including but not limited to, height, weight, blood pressure, cholesterol, any heart history, cancer, diabetes, stroke back aches or problems, arthritis or any other conditions or diagnoses affecting or potentially affecting mobility or mental acuity, treatment for depression, and visits to physicians within the previous 5 years that might be relevant, etc.

a. Your approximate height and weight:

Height \_\_\_\_\_ Weight \_\_\_\_\_

b. Do any of your family members have, or have they had, a history of: diabetes, heart disease, stroke, Parkinson's, Alzheimer's, or dementia. If so, please provide details (e.g., age of onset, diagnosis, history of treatment and results).

19. Do you smoke cigarettes, pipes, or cigars or use of tobacco in any way?

If not, have you ever done so, and when did you last use tobacco.

If you are a cigar smoker, specify approximately how many cigars you smoke in a week, month or year.

20. What specific questions about, or objectives for, your long-term care insurance coverage do you have?

21. Please indicate the amount and type (individual or group) of any other existing long-term care insurance you own:

**When the questionnaire is completed, either e-mail it to [david@lifeinsuranceadvisorsinc.com](mailto:david@lifeinsuranceadvisorsinc.com) with the completed questionnaire attached as a Word document, or fax it to 815-377-3631. If you have a policy illustration of the policy you are considering, please include it.**