

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: diababetes, 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).

16. 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.

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

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

When the questionnaire is completed, either e-mail it to 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.