AIB Advisors Insurance Brokers

11 Executive Park Drive, Clifton Park, NY 12065
518-371-5522 | toll-free: 800-695-8224
fax: 518-371-6131
www.AdvisorsIB.com

AIB LTC Pre-Qualification Health Form - fax to 518-688-8139

Broker Name:_____ Phone / E-mail:_____

Client Name:_____ Date of Birth:_____ State:_____

Spouse applying? ☐ No ☐ Yes (If yes, please complete a separate form)

1. Height:_____ Weight:_____ 2. Do you smoke? ☐ No ☐ Yes

Do you have symptoms of, or within the last 10 years, have you received medical advice, diagnosis or treatment or consulted with a member of the medical profession for any of the following conditions:

a. heart disease	☐	h. paralysis	☐	o. alcoholism	☐	v. fainting spells	☐
b. coronary artery	☐	i. stroke	☐	p. drug addiction	☐	w. dizziness	☐
c. circulatory	☐	j. bowel	☐	q. osteoporosis	☐	x. seizures	☐
d. high blood press.	☐	k. bladder	☐	r. arthritis	☐	y. tremors	☐
e. leukemia	☐	l. prostate	☐	s. reproductive organ disorders	☐	z. diabetes	☐
f. lymphoma	☐	m. kidney	☐	t. respiratory	☐	aa. liver disorders	☐
g. cancer	☐	n. depression	☐	u. shortness of breath	☐		☐

Question #_____ Date of Onset _____ Details _____
Question #_____ Date of Onset _____ Details _____
Question #_____ Date of Onset _____ Details _____

Medications:_____

4. Have you received physical therapy in the past 12 months?
Date_____ Details_____

5. Have you been hospitalized in the last 10 years?
Date_____ Details_____

6. Are you presently, or in the past collecting Social Security Disability or other disability benefits?
Date_____ Details_____

7. Have you been previously declined for long-term care insurance? Date_____
Carrier and reason(s)_____

8. Is there family history of dementia or alzheimers (parents or siblings)? Details_____
_____