

# Section 1 | Initial Insurability Questions |

**Caution: If your answers on this application are incorrect or untrue, LifeSecure may deny benefits or rescind your coverage.**

1. Please provide your current : **Height:** \_\_\_\_ft. \_\_\_\_inches **Weight:** \_\_\_\_lbs.

2. Within the past 12 months, have you resided in or been advised by a healthcare professional to enter a Nursing Home, Assisted Living Facility, Continuing Care Retirement Community, Residential Care Facility or any other type of Long Term Care Facility; or have you used or been advised by a healthcare professional to use Home Health Care or Adult Day Care services?  Yes  No

3. Within the past 3 months, have you used any of the following?  Yes  No

• Canadian or Elbow Crutches	• Catheter	• Dialysis	• Hospital Bed
• Motorized Scooter	• Oxygen Equipment	• Quad Cane	• Respirator
• Stair Lift	• Tracheostomy Supplies	• Ventilator	• Wheelchair
		• Walker	

4. Within the past 3 months have you required human assistance or supervision in order to perform any of the following activities: bathing, dressing, eating, getting in or out of a bed or chair, walking, using the toilet, managing bowel or bladder control?  Yes  No

5. Have you ever been diagnosed or treated by a health care professional as having any of the following:

**Neurological & Cognitive Disorder?**

Yes  No

- Alzheimer’s Disease
- Dementia
- Memory loss (frequent or persistent)
- Senility
- Organic Brain Syndrome
- Medical evaluation for acute memory concerns
- Cognitive impairment (any degree; not related to a learning disability)
- Intellectual Disability/Developmental Delay (Mental Retardation)
- Down Syndrome
- Amyotrophic Lateral Sclerosis (ALS, also called Lou Gehrig’s Disease)
- Huntington’s Chorea
- Parkinson’s Disease
- Multiple Sclerosis (MS)
- Muscular Dystrophy (MD)
- Myasthenia Gravis
- Other degenerative, neurological, cognitive and neuromuscular disease

**Immune Disorders?**

Yes  No

- AIDS Related Complex (ARC)
- Acquired Immune Deficiency Syndrome (AIDS)
- Positive Human Immunodeficiency Virus (HIV) test
- Immune Deficiency Syndrome (except HIV)

**Gastrointestinal or Genitourinary Disorders?**

Yes  No

- Hepatitis except Hepatitis A or C which has been successfully treated and is in remission
- Chronic Kidney/Renal Disease
- Chronic Liver Disease
- Bowel Incontinence
- Bladder Incontinence
- Gastric Bypass or other weight loss surgery within the last 2 years

**Mental Disorders?**

Yes  No

- Psychosis
- Schizophrenia
- Alcohol or drug (including prescription drugs) abuse within the last 5 years

**Neuromuscular Disease?**

Yes  No

- Amputation due to disease (not accidental)
- Amputation of more than one limb
- Post-Polio Syndrome
- Polyneuropathy

**Autoimmune & Systemic Disorders?**

Yes  No

- Ankylosing Spondylitis
- Addison’s Disease
- Hemophilia
- Systemic Lupus Erythematosus (SLE)
- Scleroderma (except Morphea)
- Transverse Myelitis

**Cardiovascular/Stroke/Endocrine Disorders?**

Yes       No

- Cardiac Dysrhythmia with defibrillator
- Diabetes that has been combined with:
  - Tobacco or nicotine product use within the last 2 years;
  - Heart/Circulatory/Vascular Disease;
  - Stroke (including mini-stroke);
  - Progressive or Moderate Neuropathy; or
  - Retinopathy
- Diabetes that is treated with Insulin
- Juvenile Diabetes
- Type 1 Diabetes
- Stroke (CVA)/Transient Ischemic Attack (TIA) that occurred:
  - Within the last 2 years; or
  - More than once
- Stroke (CVA)/Transient Ischemic Attack (TIA) that is combined with:
  - Tobacco or nicotine product use within the last 2 years
  - Heart/Circulatory/Vascular Disease
  - Diabetes
  - Polycystic Kidney Disease
  - Thrombotic Disorder

**Cancers?**

Yes       No

- Cancer treated within the last 12 months or that which is being monitored annually or more frequently
- Cancer that is metastatic (positive lymph nodes, or spread from original location or site)
- Chronic Leukemia
- Multiple Myeloma
- Myelodysplastic Syndrome
- Polycythemia Vera
- Non-Hodgkin's or Hodgkin's Lymphoma

**Organ Transplant (including bone marrow, but excluding corneal)?**  Yes       No

- Organ Transplant completed;
- Organ Tansplant recommended within the last 5 years by a medical professional but not performed?

6. Are you currently receiving or do you have an application pending, or within the past two years, have you applied for:  Yes       No
- Disability Income;
  - Social Security Disability Income (other than survivorship benefits);
  - Workers Compensation;
  - Medicaid;
  - Veteran's Disability Compensation percentage of 30% or greater; or
  - Federal or State Disability Payments not listed above?
7. Within the past 3 years, have you applied for other long term care insurance and been declined, postponed, or offered reduced benefits?  Yes       No