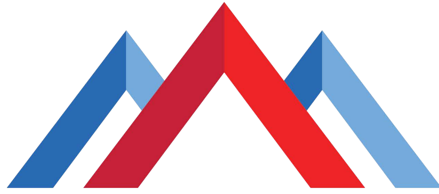

RYAN INSURANCE
STRATEGY CONSULTANTS
Protecting Your Financial Plans Since 1978

---- ADVISOR ----

Ryan Insurance Strategy Consultants contact:
Theresa Klewsaat (800) 796-0909 x 104
theresa.klewsaat@ryan-insurance.net

---- CLIENT INFORMATION ----

Can we share your answers with your advisor?:

Name:

Date of Birth: Marital Status: Gender: State of residence:

---- COVID 19 ----

Insurance companies are monitoring the Covid-19 situation. Their acceptability guidelines regarding Covid-19 are subject to change without notice. As it relates to Covid-19, as of April 2, 2020, an application for this insurance CAN be submitted if; - you have tested positive and have fully recovered after 90-days of recovery. Some insurance companies may require a longer recovery period. - you have been exposed to the virus by someone who tested positive and it has been 90-days of no contact with that person and you are not exhibiting signs or symptoms or otherwise tested positive. Additionally, if you traveled outside the United States in 2020, we will need to know where and when you traveled and will review to determine your eligibility. Even if you feel any of the above apply to you, we encourage you to complete the questionnaire so we can fully evaluate and discuss your options.

Have you been outside the United States in 2020?

Have you ever tested positive for Covid-19 or currently experiencing a fever, cough, or shortness of breath?
As far as you know, have you been exposed to someone who has or had Covid-19?

---- HEALTH HISTORY ----

Height and Weight:

Do you currently have or have you ever been diagnosed with the following?
Alzheimer's Disease: ALS: Cystic Fibrosis: Dementia: Huntington's Chorea: Memory Loss: Mental Retardation: Multiple Myeloma: Multiple Sclerosis: Muscular Dystrophy: Myasthenia Gravis: Parkinson's Disease: Schizophrenia: Scleroderma: Spinal Cord Injury:
NONE OF THESE:

Primary Care Physician:

Date of last physical:
Were you previously declined for LTC coverage?

Currently receiving physical therapy or received in last year?

Any surgeries planned?

Any surgeries in the last three years?

Have you been to a specialist in the past 3 years?

Any mental or cognitive limitations?

Tobacco use in last 5 years?

Do you regularly consume 4 or more alcoholic beverages per day, or drink 5 or more drinks in a day more than 1 day a week?

Do you have any limitations with bathing, dressing, eating, mobility, or continence?

---- ALZHEIMERS FAMILY HISTORY ----
Have either of your biological parents or any siblings been diagnosed with Alzheimer's or dementia?

Mother

Father

Both Mother and Father

Sibling

Two or more siblings

Combination one or more parents / one or more siblings

NONE OF THESE

---- COPD ----

Have you ever been diagnosed with Chronic Obstructive Pulmonary Disease (COPD)or Emphysema?

Have you used daily/intermittent use of oxygen, IPPB therapy or home respirator therapy within the past 12 months?

Any hospitalizations for COPD or Emphysema within the past 6 months?

Two or more emergency room visit within past 12 months for respirator symptoms?

Is there a history of congestive heart failure or cardiomyopathy?

Are there activities restricted due to shortness of breath?

---- ARRHYTHMIA/AFIB ----

Have you ever been diagnosed with arrhythmia/irregular heartbeat or Atrial Fibrillation?

How many episodes have you had in the past 12 months?

---- SLEEP APNEA ----

Have you ever been diagnosed with Sleep Apnea?

What was the date of diagnosis?

Do you use CPAP or BIPAP?

Any oxygen use?

---- HEART ISSUES ----

Have you ever had a **heart attack?**

What was the date of the heart attack?

How was it treated? (bypass, meds, stent, etc)

Have you ever been diagnosed with **heart disease?**

Date of diagnosis?

How was it treated? (Bypass, meds, stent, etc.)

Have you ever been diagnosed with **Coronary or Carotid Artery Disease?**

Have you ever been hospitalized for a **heart or circulatory problem?**

Have you ever required **electrical cardioversion?**

Have you ever experienced symptoms of **palpitations, chest pain, dizziness?**

---- DEPRESSION ----

Have you ever been diagnosed with depression?

What treatments have been prescribed for depression?

Any recent changes in the medications or dosage for treating depression?

Has there been a hospitalizations or emergency room visit within the past 12 months?

Have you ever attempted suicide?

---- DIABETES ----

Have you ever been diagnosed with diabetes?

If insulin dependent, how many units per day?

At what age was the diabetes diagnosed?

What type of diabetes?

What are the A1C or FBS levels?

Any issues with neuropathy, eyes, skin lesions, or kidneys?

Has there been an amputation or blindness due to diabetes?

Has there been a hospitalization within the past 24 months for complications?

Is there a history of **Stroke/TIA**or any **vascular/heart issues?**

---- RHEUMATOID ARTHRITIS ----

Have you ever been diagnosed with rheumatoid arthritis?

When was the rheumatoid arthritis diagnosed?

Are there any joint deformities?

Any steroid injection in the past 2 years?

Have you had any joints replaced?

Have there been any flare ups within the past 24 months?

Has there been a change in medication or dosage in treating the rheumatoid arthritis?

Are you using any assistive devices or physical therapy due to rheumatoid arthritis?

Have there been any factures?

---- OSTEOARTHRITIS ----

Have you ever been diagnosed with osteoarthritis?

When was the osteoarthritis diagnosed?

Any recommended joint replacements or surgery that have not been done?

Have you had any joint replacements?

Are you using any assistive devices or physical therapy due to the osteoarthritis?

Has there been a change in medications or dosage in treating the osteoarthritis?

---- HYPERTENSION ----

Have you ever been diagnosed with hypertension?

Date of Hypertension diagnosis

Please detail any medication changes in the past 6 months regarding hypertension

What were the most recent blood pressure readings?

Have you ever been hospitalized due to hypertension?

---- STROKE / TIA ----

Have you ever had a stroke or TIA?

What are the dates(s) of stroke or TIA episode(s)?

How is the stroke or TIA being treated?

Are there any residual effects from the stroke or TIA? Please explain:

---- OSTEOPOROSIS ----

Have you ever been diagnosed with osteoporosis?

What was the date of the osteoporosis diagnosis?

If steroid or cortisone injections, how often and when was the last one?

Current bone density test results? Date?

If there have been any falls and fractures, provide details

---- CANCER ----

Have you ever been diagnosed with cancer(s)?

What type of cancer(s)?

If history of prostate cancer, what is the current PSA level?

What stage was the cancer(s)?

When did treatment end?

Have there been any recurrences? Please explain.

Were there any positive lymph nodes and how many nodes were tested?

---- DISABILITIES ----

Do you have a handicap placard, sticker, or license plate for your vehicle?

Are you currently receiving Social Security Disability, private disability, or VA disability?

Please explain why you are receiving disability payments

If you are receiving VA disability, please provide percentage

---- PRESCRIPTIONS ----

List all other medications not previously listed that you have taken in the last 3 years.

---- ANYTHING WE MISSED? ----

Do you have any other conditions not mentioned?

Please list condition(s) not previously mentioned.

Date of diagnosis for condition(s) not previously mentioned.

Name of prescriptions for conditions not previously mentioned. Include date when they were prescribed and whether changes in dosage in the last 12 months.

Please tell us about the treatment you received/are receiving for the condition(s) you did not previously mention. Specify if any treatments have been recommended but not yet performed.

Instructions: Email this using a secured and encrypted ShareFile link.

1. Save the completed form to a file or folder on your computer.
2. Click on the name of the representative below.
3. You will be directed their ShareFile "upload document" page.
4. Drag and drop or upload the RFP to ShareFile
5. Click "Upload" in bottom right corner of SharFile screen and your finished.

Theresa Klewsaat Long Term Care & Term Life Insurance