

CONFIDENTIAL

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John C. Ferneding & Associates, Inc. 5540 Far Hills Avenue, Dayton, Oh. 45429, www.FernedingInsurance.com

TODAY'S DATE:

NAME _____ SPOUSE/PARTNER _____

ADDRESS _____ APT _____

CITY _____ STATE _____ ZIP _____

TEL #() _____ E-mail address: _____ Fax # _____

CLIENT DOB _____ HT _____ WT _____ LAST 2YR TOBACCO USE Y__ N__ IF YES, TYPE _____
SPOUSE DOB _____ HT _____ WT _____ LAST 2YR TOBACCO USE Y__ N__ IF YES, TYPE _____

Do You Have LTC Ins. Yes__ No__ If Yes, Insurer: _____ Daily Ben Amt: _____ Ben Period: _____

Have You Applied For LTC, Life or Health in past 5 years and been rated or declined? Explain _____

WHY ARE YOU LOOKING INTO LTC INSURANCE? _____

IMPORTANT-Questions Regarding Activities of Daily Living / Driving / Health History

Any restriction of **Walking/Bathing/Dressing/Continenence/Toileting/Eating?** Y__ N__ Spouse Y__ N__

* Any Driving restrictions or Issues? Y__ N__ Spouse Y__ N__ If yes, explain _____
First Named Spouse

History of Artery or Heart disease, Stroke, TIA, Diabetes or Memory? Y__ N__ Y__ N__ If yes, explain _____

Last Phy. Exam _____ Last Phy Exam _____
Last Date Hospitalized _____ Give details Last Date Hospitalized _____ Give details

DESCRIBE YOUR HEALTH _____ DESCRIBE SPOUSE'S HEALTH _____

What's the **worst health condition** either of you have been treated for in the **past 10 years?**

Explain _____
Outcome _____

Blood Pressure - Normal__ High__ Low__ **Blood Pressure** - Normal__ High__ Low__
Does Blood Pressure **exceed 140/90** Y__ N__ Does Blood Pressure **exceed 140/90** Y__ N__
Prescription Dosage Freq For What How long used Prescription Dosage Freq For What How long used

LTC Insurance Benefits quotations for Comprehensive Plan N.H. Asst Livg Only
 Indemnity Reimbursement Cash Benefit
Daily Benefit \$ _____ **# Yrs** _____ **Elim Per.** _____ **Infl. Cola** _____ **Other** _____

SUITABILITY INFORMATION: Insurers qualify applicants by what insurance coverage and planning is now in place. _____

Major Medical or Medicare Part A Part B Med Supp or Senior Advantage
Long Term Disability Amount of Life Ins: Client: _____ Spouse: _____

Will Trust How would LTC premium be paid: Savings Income Other

Approx. Residence Value \$ _____ Estimated Total Net Worth \$ _____