

LET'S GET THE FACTS SO WE CAN IDENTIFY THE BEST LONG TERM CARE OPTIONS FOR YOU!



Karp Loshak LTC Insurance Solutions is a trusted source of information on Long Term Care Insurance for consumers and advisors. We pride ourselves in helping clients navigate and secure the most appropriate options for their long term care needs. We evaluate and analyze the myriad marketplace options and develop customized solutions based on our clients' age, health, medications, marital status, desired lifestyle and budget.

If your future quality of life is important to you, invest ten minutes to complete this pre-qualification form. Rona and Natalie look forward to helping you make a difference in your plan for successful aging, while protecting your wealth and your family's well-being.

APPLICANT *(a separate form is required for each spouse/applicant)*

Full Name _____

First, Middle Initial, Last Name

Address _____

Street, Town/City, State, Zip

Phone _____ Mobile _____ Email _____

Age _____ DOB _____ Height _____ Weight _____ Marital Status _____

Have you had Covid-19? Yes ☐ No ☐

If you have recovered from Covid-19, are you still having residual issues? Yes ☐ No ☐

MEDICAL INFORMATION

Medical Condition(s)/Chronic Condition(s)/Diagnosis

Date of Diagnosis/Detail

List ALL conditions treated or diagnosed.

List Prescription Medicines taken within the past 2 years.

Medications	Dosage/Frequency	Disorder/Disease	Date of Diagnosis
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PLEASE TURN OVER, PART 2 ON REVERSE SIDE

Fax or email both sides of this form to 516-619-0403 or info@karploshak.com

Once completed, please be sure to save this fillable PDF form to your computer before sending back.

PLANNING TODAY. PROTECTING TOMORROW. TM | 516.801.1419 | INFO@KARPLOSHAK.COM

Please provide dates and details if applicable for the following:

Any musculoskeletal issues or conditions, including injections or pain managements? Any joint replacement?

Are you currently in physical therapy? Or have you recently completed a physical therapy program?

Any autoimmune system disease and/or any pulmonary issues including use of CPAP machine?

Any surgeries recommended or pending?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diagnosis of Osteopenia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any unresolved or unstable conditions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diagnosis of Osteoporosis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Treatment for depression?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Bone Density Score (Required for Osteoporosis)	_____	
Any memory loss?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Any falls/fractures?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a family history of Alzheimer's, dementia or Parkinson's?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Blood sugar issues? Diabetic?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Stroke/TIA's?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	A1C Score	_____	
Vertigo or 2+ concussions in the past 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Elevated PSA? Score?	YES <input type="checkbox"/>	_____ NO <input type="checkbox"/>
Receiving Social Security Disability or Workmen's Compensation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Tobacco use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Handicap Parking Permit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Any alcohol issues?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Use of Medical Marijuana?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you answered yes to any of the questions above, please provide details here.

LIFESTYLE GOALS

Is LTC Insurance something you and your spouse have looked into before, or is this new to you?

☐ New ☐ Considered Previously ☐ Declined - Why did you Decline?

1. What are you hoping LTC Insurance could accomplish for you? Why now? Are you most concerned about: protecting your assets, burdening your loved ones, or having the quality of care when you really need it?
2. Do you have a residence outside of this State? Carriers offer policies and options that vary in price between states. If you have an out-of-state address, please provide.
3. Because of the variations in regional cost of care, what state, region, or country do you think you might retire in? Is international retirement planned?
4. Our objective is to provide the greatest value at the lowest premiums that fits your definition of the lifestyle you aspire to. What, if any, specific issues, parameters, or guidance do we need to be aware of?
5. Financing Long Term Care Insurance:
 - A) 1035 tax-free exchanges from a life insurance or annuity cash value which can be used to purchase LTC. Do you have whole life with cash value or annuities that you would like to use to finance your policy premium?

B) We can also consider using funding from an IRA account (not tax-free) to optimize Federal and State Tax Incentives, please check off all that apply to you:

☐ Business Owner ☐ Sole Proprietor ☐ C Corp ☐ S Corp ☐ Partnership/LLC ☐ Itemize Medical Expenses