GOOD LIFE
INSURANCE ASSOCIATES

Pre-Qualifying Client Data Summary Sheet/Please complete all fields and fax or e-mail to ICB when complete.

Fax: 973-366-0837 / E-mail: info@ica-icb.com

Client Name:_____ Agent Name:_____ Agent Phone/E-mail _____

Date of Birth:_____ Resident State:_____ Carrier (s) Requested: _____

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1. Does your client use tobacco? ☐ Yes ☐ No If no, did your client use tobacco in the past? ☐ Yes ☐ No If so, when was the last time?_____

2. What is your client's current height?_____ Weight? _____ Has your client's weight been consistent the last 6 months? ☐ Yes ☐ No

3. Have one or both parents of client have diagnoses of coronary heart disease prior to age 60 or dementia prior to age 70? If yes, please provide details (parents, age and diagnosis).____

4. Does your client have any of the following conditions? If so, please **click** on the appropriate link for condition-specific questions

Bone & Joint Diseases ■ Cancer ■ Circulatory/Heart/Vascular Diseases ■ Diabetes ■ Mental Health ■ Respiratory Diseases ■ Stroke/CVA/TIA

5. What is/are your client's current medical condition(s) and how are they treated?

6. Has the treatment changed in anyway the last year? ☐ Yes ☐ No If so, how?

7. Current medications, dosage, and reason for prescription?

Medication	Dosage	Medication Start Date	Reason

8. Any conditions other than above that your client has been treated for in the last 5 years? ☐ Yes ☐ No If so, what?

9. Any hospitalizations in the last 5 years? ☐ Yes ☐ No If so, when and for what?

10. Any functional limitations? ☐ Yes ☐ No If so, what?

11. Is your client currently on Disability or have they received DI in the past? ☐ Yes ☐ No If so, what kind, when and percentage received? (SSDI, private, worker's comp, etc.)_____

12. Has the client had any previous declination for LTC? ☐ Yes ☐ No If yes, please explain._____

13. Any surgery/testing or follow up recommended but not yet completed? ☐ Yes ☐ No If so, what?_____

Disclaimer: Pre-Qualification is not a guarantee of coverage. It is simply providing the above disclosed information to the carrier who will consider your clients application.