

Long term care insurance (LTC) and LTC rider declined case inquiry form

Please print legibly. If both spouses are applying, please complete a form for each client.

Date: _____

Agent information

Name: _____ Telephone: _____

Email: _____ Fax: _____

Client information

Name: _____ Date of birth: _____ Age: _____

Resident state: _____ Marital status: _____

Height: _____ Weight: _____ Gender: ☐ Male ☐ Female

Smoker: ☐ Yes ☐ No If client has quit smoking, how long has it been since last use? _____

Declined case information

Reason for decline: _____

Carrier(s) declined: _____ Dates of decline(s): _____

Benefits and premiums applied: _____

Current medications and hospitalization history *If additional space is needed please print another copy of this form.*

Medication: _____ Taken for: _____ Dosage: _____ Frequency: _____

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Medication: _____ Taken for: _____ Dosage: _____ Frequency: _____

Date of hospitalization: _____ to _____ Reason: _____

Result: _____

Date of hospitalization: _____ to _____ Reason: _____

Result: _____

Date of hospitalization: _____ to _____ Reason: _____

Result: _____

Special notes: _____

Please send this completed form in an encrypted email to vainc@victorson.com fax: 631-265-7054

For additional questions, **Victorson Associates, Inc. at 631-265-7456**

