

UNDERWRITING PREQUALIFICATION

The information provided in this form will help us determine your client's eligibility for an EssentialLTC policy. **Due to HIPAA privacy requirements, please do not include any information that may identify the potential applicant such as the individual's name or social security number.**

For your convenience, you may submit underwriting prequalification information via:



888.505.2332

PHONE



818.887.4595

FAX



status@ngl-essentialltc.com

EMAIL



www.ngl-essentialltc.com

ONLINE

The [Underwriting Guide](#) is available as an initial underwriting resource. If any questions arise regarding a potential applicant's insurability or potential rate class, please call 888.505.2332 to speak to an underwriter.

AGENT/REQUESTOR CONTACT INFORMATION

Agent/Agency Representative Name (requestor) _____

Agent/Agency Representative Email Address _____

Agent/Agency Representative Phone Number _____

Agent/Agency Representative Fax Number _____

PREQUALIFICATION INFORMATION

Gender: Male Female Weight: _____

Height: Feet _____ Inches _____ Age*: _____

*EssentialLTC utilizes age nearest to birthday to determine insurable age.

Within the past two years, has the individual used any of the following products? (if yes, product(s) utilized)

Yes No

- cigarettes cigars pipes chewing tobacco
 e-cigarettes vaping marijuana

Additional Information

Has the individual had an application for Life, Disability, or Long Term Care insurance declined, modified or rated? (if yes, additional information)

Yes No

Is the individual currently receiving disability benefits? (if yes, additional information)

Yes No

Does the individual have any surgery scheduled that has not yet been completed or has the individual refused a medical professional's recommendation for surgery, physical/occupational/speech therapy, or diagnostic testing?

Please list the most significant medical event experienced during the individual's lifetime:

Medical history for the past ten years:

(please provide for each item: 1. Condition, 2. Date of Occurrence, 3. Outcome)

Use of any medical equipment, physical/occupational/speech therapy, hospitalizations, or surgery in the last 10 years:

Prescription medications taken during the past two years:

(including reason prescribed and any changes in medication/dosage with applicable dates)

PLEASE BE AWARE THAT ANY OPINION PROVIDED BY AN NGL UNDERWRITER REGARDING INSURABILITY AND/OR A RATE CLASS RECOMMENDATION DURING THIS PRE-QUALIFICATION PROCESS DOES NOT CONSTITUTE A BINDING OFFER BY THE COMPANY. FINAL UNDERWRITING DECISIONS ARE ONLY REACHED BASED ON AN APPLICANT BEING FULLY UNDERWRITTEN.