La Capitale

PRESELECTION LONG TERM CARE QUESTIONNAIRE

Last name

First name

Date of birth: Year Month Day

Application or Contract No.

In order to be eligible for Long Term Care coverage, the proposed insured must be able to answer NO to all of the questions below.

		Yes	No
1	Are you currently receiving disability or workers' compensation benefits?	☐	☐
2	Are you currently receiving, or has it been recommended that you receive, home care or care in a rehabilitation day centre?	☐	☐
3	Have you ever been treated by a physician for, or been told that you have, any of the following disorders:		
	a) Immune system disorder, including Acquired Immunodeficiency Syndrome (AIDS), AIDS-related syndrome or positive test results for human immunodeficiency virus (HIV)?	☐	☐
	b) Paralysis, multiple sclerosis, muscular dystrophy, Parkinson's disease?	☐	☐
	c) Alzheimer's disease, senility, dementia, chronic memory loss or other cerebral disorder?	☐	☐
	d) Huntington's chorea or amyotrophic lateral sclerosis (Lou Gehrig's disease)?	☐	☐
	e) Amputation of any part of your body due to illness?	☐	☐
	f) Kidney failure or cirrhosis?	☐	☐
	g) More than one cerebrovascular accident (stroke) or transient ischemic attack in the last 2 years?	☐	☐
	h) Cancer that has spread from its original site?	☐	☐
4	Do you have a handicap that limits your ability to perform any of the following activities: dressing, feeding, walking, bathing, toileting, taking prescription drugs, doing housework, transferring, running errands or managing personal finances?	☐	☐

In order to be eligible, a proposed insured age 70 or over must have consulted a physician in the last 3 years for a complete medical examination including a blood profile.

5 Additional comments: ______________________________

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Advisor's name

Advisor's code

Date: Year Month Day

La Capitale Civil Service Insurer Inc.
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