



Thrivent Long-Term Care Insurance

Field tips

Before Taking the Application

- Be sure continuing education is current—requirements differ from state to state.
- Ask Underwriting for a pre-screen if there is a medical history concern. Call 888-422-5737, say “Directory” and enter ext. 8895. Select option 2. (Monday–Friday, 8 a.m. to 5 p.m., Central time.) Or submit a completed [LTCi Health Prescreen Request Form](#) to LTCiPreQual@Thrivent.com.
- If proposed applicant is pre-screened as a likely decline, talk to your BGA about other planning options.

Application Process

- Apply at Standard rate. Clients will get preferred rates if they meet the requirements.
- Applicants who have not seen a physician in the last 24 months are not eligible for Preferred rate.
- Long-term care insurance (LTCi) contracts are issued and premiums become due as soon as underwriting is approved. Add a note to the Representatives’ Supplement if you do not want the contract to issue immediately.
- While tentative decisions may be shared separately, underwriting decisions on all spouse/couple applications are offered together (not just cases with shared care or survivorship) so the proper discount can be applied. If one spouse/partner is declined, the decision is communicated immediately and any premium is refunded.
- Prepare spouse/partner applicants for what their plan will be if one spouse/partner gets declined.
- Prepare clients for the possibility of needing to sign additional provider-specific medical records release forms.
- Save time! Underwriting cannot begin until Declaration of Insurability is completed. Complete at time of application wherever possible to speed cycle time.
- If no money is submitted with the application, contracts are always sent to the financial advisor.
- In California, we cannot accept premiums until an underwriting decision is made.

Underwriting

- Underwriting takes time. Provide clients with the [Your Underwriting Process](#) brochure.
- Underwriting requirements are different for LTCi than life insurance, so additional requirements may apply even if the applicant was recently approved for life insurance.
- Assessments are scripted and clinical in nature to protect the integrity of the assessment.
- The cognitive acuity screen requires a distraction-free environment—let clients know it's OK to reschedule before the assessment starts if the scheduled time ends up not being ideal. Failing the screen results in a decline, regardless of what's in the medical records.
- The Shared Care Benefit and Waiver of Elimination Period for Home Care and Adult Day Care (California: Waiver of Elimination Period for Home and Community-Based Care) riders are not available for applicants with a Class 1 or Class 2 risk class.

Post-Issue

- Deliver contracts within 15 days. Make any coverage changes during the free look period to avoid delay in contract delivery.
- Coverage changes within the free look period do not require signed paperwork; however, increases do require a Statement of Good Health and additional underwriting review.
- Coverage reductions after the free look period cannot be done retroactively; reduction in premium is not effective until the following contract month-iversary.
- In-force illustrations on FieldNet can be used to illustrate coverage decreases. Coverage increases must be completed manually, and requests should be sent to Thrivent.LTC.ProductServices@LTCG.com.

Tips and Tools

- [Product Guide](#).
- [LTCi Underwriting Guide](#).