Mutual of Omaha Insurance Company
Long-Term Care Service Office
P.O. Box 64901, St. Paul, MN 55164-0901

Chronic Obstructive Pulmonary Disease (COPD) Questionnaire (COPD includes emphysema and chronic bronchitis)

Name of Proposed Insured _____ Date of Birth _____
Please Print

Answers to these questions may impact insurability for Long-Term Care insurance with Mutual of Omaha.

Section 1

1	Were you diagnosed with COPD less than 1 year ago?	☐ Yes	☐ No
2	Have you used tobacco in the past year?	☐ Yes	☐ No
3	In the past 6 months have you been prescribed, or used, supplemental oxygen?	☐ Yes	☐ No
4	In the past 6 months have you been prescribed, or used, home nebulizer treatments?	☐ Yes	☐ No
5	Did your most recent pulmonary function test indicate your FEV1 is less than 65%?	☐ Yes	☐ No
6	Has your doctor advised you have severe COPD?	☐ Yes	☐ No
7	In the past 6 months have you been hospitalized because of COPD?	☐ Yes	☐ No
8	In the past year have new breathing medications been added or dosages of existing medications increased?	☐ Yes	☐ No
9	Do you have alpha 1 antitrypsin deficiency?	☐ Yes	☐ No

If any questions in Section 1 are answered "Yes," do not take the application as we regret we will be unable to offer this client coverage.

Section 2

1	Has your doctor advised, based upon the results of a chest X-ray, you have COPD, but you require no medications, have no symptoms, and you have used tobacco in the past year?	☐ Yes	☐ No
2	Has you doctor advised you have moderate COPD and you have not used tobacco in the past year?	☐ Yes	☐ No

Yes answers to any of the questions in Section 2 may result in the policy being rated or declined. You may wish to contact our underwriting department before submitting the application. You may call us at 800-551-2059 option 2 or email questions to ltcunderwriting@mutualofomaha.com.

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