

MUTUAL OF OMAHA INSURANCE COMPANY

Long-Term Care Service Office

P.O. Box 64901, St. Paul, MN 55164-0901

ARTHRITIS/DEGENERATIVE JOINT DISEASE QUESTIONNAIRE

This form is not intended for use if client has Rheumatoid or Psoriatic Arthritis. For questions in regard to these conditions please contact an underwriter at (800) 551-2059 or email ltcunderwriting@mutualofomaha.com

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 Do you have severe symptoms or X-ray(s) in medical records showing severe or bone on bone findings? .. ☐ Yes ☐ No
- 2 Regardless of severity of your disease, have you had steroid, Synvisc, or similar injection, within 12 months of starting the initial injection? ☐ Yes ☐ No
- 3 Have you been advised to have surgery? ☐ Yes ☐ No
- 4 Have you had physical therapy within the past 3-6 months? ☐ Yes ☐ No
- 5 Do you have significant joint deformities? ☐ Yes ☐ No
- 6 Has your disease impacted your ability to perform ADL/IADLs? ☐ Yes ☐ No
- 7 Do you use a narcotic for pain and take > than 4 doses of narcotics per week? ☐ Yes ☐ No
- 8 Do you use a TENS unit or have an implantable stimulator for pain? ☐ Yes ☐ No
- 9 Is your build ratable and you have had 2 or more joint replacements? ☐ Yes ☐ No
- 10 Have you had more than 3 joint replacements? ☐ Yes ☐ No
- 11 Do you require the use of a wheelchair, scooter, walker, or quad cane? ☐ Yes ☐ No
- 12 Is your build below the minimum insurable weight, or exceeds the maximum insurable weight, as per Mutual of Omaha's Build Chart? ☐ 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 Do you have moderate disease, diagnosed > 1 year, by symptoms or X-ray(s)? ☐ Yes ☐ No
- 2 Do you have advanced disease, diagnosed > 1 year, by symptoms or X-ray (s) with symptoms stable at least 6 months, use < 4 doses narcotics per week, not requiring > 2 Synvisc, or similar injection per year? ☐ Yes ☐ No
- 3 Is your build at least in the select range and you have had 2 joint replacements, fully recovered? ☐ 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.