

EssentialLTC

Your guide to the underwriting process

Thank you for applying for a Long Term Care insurance policy with National Guardian Life Insurance Company (NGL). Before your policy can be reviewed and issued, there are a few more steps that need to be completed. *Please note: It takes an average of 30 days between submission of an application and issuance of a policy.*

Medical information

Our underwriting team is reviewing your application for eligibility requirements. Your medical records and a prescription drug report will be requested within 48 hours of receipt of the application.

Personal health phone interview

Telephone interviews are conducted to clarify your medical history and ability to perform daily activities. These personal health interviews are requested on applicants who are 65 years old and younger. Generally, the telephone interview takes between 20-30 minutes.

The types of questions you will be asked are:

- Name of your primary care physician and any specialists
- Your health conditions and medical diagnoses
- Names and dosages of medications you are taking
- Future plans for surgery, medical consultation or testing
- Your social activities and living arrangements
- Use of medical devices, including wheelchair or cane
- Questions to evaluate your memory

Face-to-face interview

If you are over the age of 65 or depending on your health status, a face-to-face interview is required. You will be contacted to schedule the face-to-face interview by a registered nurse who will conduct the interview. Generally the interview takes 30-45 minutes.

What to expect during the face-to-face interview:

- Medical information and medications reviewed
- Height, weight, blood pressure and pulse are all recorded by the nurse
- Cognitive screening

Helpful tips for preparing for your personal health interview:

- Plan to do the interview in a quiet area, relax and take your time.
- Answer all questions completely and accurately to the best of your ability.



Prior to your interview, it's helpful to collect the following information. Your information is strictly confidential.

Applicant A	Applicant B
Primary Care Physician	
Name: _____	Name: _____
Address: _____	Address: _____
City, State, ZIP: _____	City, State, ZIP: _____
Phone: _____	Phone: _____
Date & Reason Last Seen: _____	Date & Reason Last Seen: _____
Specialist Physician	
Name: _____	Name: _____
Address: _____	Address: _____
City, State, ZIP: _____	City, State, ZIP: _____
Phone: _____	Phone: _____
Date & Reason Last Seen: _____	Date & Reason Last Seen: _____
Current Medications (prescription and over-the-counter)	
Name: _____	Name: _____
Dosage: _____	Dosage: _____
Frequency: _____	Frequency: _____
Name: _____	Name: _____
Dosage: _____	Dosage: _____
Frequency: _____	Frequency: _____
Name: _____	Name: _____
Dosage: _____	Dosage: _____
Frequency: _____	Frequency: _____
Name: _____	Name: _____
Dosage: _____	Dosage: _____
Frequency: _____	Frequency: _____
Name: _____	Name: _____
Dosage: _____	Dosage: _____
Frequency: _____	Frequency: _____



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