

AGENT EASY LTC PROCESS

1. Review the five “knock-out” questions with your clients. If your client answers “Yes” to any of the following then we suggest not continuing with this process, as we will be unable to offer coverage. If they do not qualify for LTC insurance, this will save them from going through the complete application process unnecessarily.
 - **Alzheimer’s Disease, Huntington’s Chorea, Multiple Sclerosis, Schizophrenia, Amyotrophic Lateral Sclerosis, Memory Loss, muscular Dystrophy, Scleroderma, Cystic Fibrosis, Mental Retardation, Myasthenia Gravis, Spinal Cord Injury, Dementia, Multiple Myeloma, Parkinson’s Disease, Stroke/Cerebrovascular Accident.**
 - **Resides in, been advised to enter, or is planning to enter a nursing home, assisted care living facility or other custodial facility, or is currently receiving home health care services or attending adult day care.**
 - **Requires human assistance or supervision with any of the following activities: bathing, dressing, eating, continence, toileting, walking, transferring to or from bed or chair.**
 - **Is currently using any of the following medical devices: wheelchair, walker, hospital bed, quad cane, oxygen, stair lift, or dialysis.**
 - **Been diagnosed or treated by a member of the medical profession for: AIDS (Acquired Immune Deficiency Syndrome) or AIDS Related Complex**
2. Download appropriate state EZ-application - complete all questions in the basic client information, form of payment, and producer information sections (all questions must be answered in order to process). Clients will NOT be charged or billed until the process is complete. Sign on all appropriate forms. **NOTE: Not applicable if selling in the state of Washington**
3. Give to client: Copy of Proposal/Illustration
 - Shopper’s Guide
 - Outline of Coverage
 - What to Expect Next information
4. Fax/scan to Barbara Morrow (858) 546-3978 / barbara.morrow@capitasfinancial.com
 - a) Easy LTC Worksheet
 - b) HIPAA Authorization
 - c) Suitability Form
 - d) Required State Form (if applicable)
 - e) Replacement Form (if applicable)
 - f) ADP Form (if applicable)