

Quick Quote Form



Use this form to help you ensure you're including all necessary information in your Quick Quote submissions. It is fillable "onscreen" – just complete, save and submit the PDF to LTCquickquote@jhancock.com. You will receive a tentative underwriting assessment via email within 24-48 hours.

1. Age _____
2. Gender Male Female
3. Height _____
4. Weight _____
5. Tobacco products used in the last 12 months? Yes No
6. Use of a cane, crutches, walker, wheelchair, scooter, stairlift, oxygen, dialysis and/or hospital bed currently or within the last 6 months?
 Yes No If yes, type _____
7. Currently receiving disability benefits? Yes No If yes, % _____ type _____
8. Previously declined for LTC insurance? Yes No
9. Within the last 5 years, has the applicant received medical advice, diagnosis, treatment or consulted with a member of the medical profession for any of the following conditions?:

CONDITION	YES	NO
Heart Disease/High Blood Pressure		
Carotid Artery Disease/Peripheral Vascular Disease		
Transient Ischemia Attack (TIA) <2		
Stroke/CVA or Transient Ischemic Attack (TIA) >1		
Blood Clots/Embolism		
Cognitive Impairment/Alzheimer's Disease/Dementia		
Memory Loss or Forgetfulness		
Diabetes		
Depression/Anxiety/Bipolar Disorder		
Chronic Fatigue Syndrome/Fibromyalgia		
Kidney Disease		

CONDITION	YES	NO
Crohn's Disease/Ulcerative Colitis/Gastric Bypass		
Liver Disorders/Hepatitis/Cirrhosis		
Back Disorders/Degenerative Disc Disease/Spinal Stenosis		
Osteoarthritis/Rheumatoid Arthritis		
Asthma/Chronic Obstructive Pulmonary Disease (COPD)		
Osteoporosis/Fractures		
Seizures/Neuropathy/Tremor		
Substance Abuse		
Cancer/Leukemia/Lymphoma/Sarcoma		
Visual Impairment/Vision Loss		

If any questions or conditions are answered "YES", provide details:

10. In the past 5 years, has the applicant received medical advice, diagnosis, treatment or consulted with a member of the medical profession for any reason not stated? If yes, please provide details.

11. List all prescription medication taken over the past 12 months and reason taken:

This is a tentative opinion based on the information provided. Our final underwriting decision is reserved and is subject to review of a completed application, advance payment, all other required forms and necessary underwriting requirements.

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Long-term care insurance is underwritten by John Hancock Life Insurance Company (U.S.A.), Boston, MA 02117 (not licensed in New York) and in New York by John Hancock Life & Health Insurance Company, Boston, MA 02117.