

| Multi-life LTC Application |

This Multi-life LTC Application is available only to employer groups who have been pre-qualified for its use.

SIMPLIFIED ISSUE QUALIFICATIONS:

Applicants who qualify for Simplified Issue are NOT REQUIRED to complete Sections 5 and 6 of this Application. Simplified Issue is only offered one time to eligible participants during the initial offer period (as defined by the employer), or for new hire employees within 90 days of their benefits eligibility date.

Eligibility Requirements for Simplified Issue

- Employees who are actively-at-work on a full-time basis*.
- Board of Director Members of a qualifying employer group who are actively-at-work on a full-time basis*.
- Spouses/Domestic Partners of eligible Employees or Board Members who are actively-at-work on a full-time basis*. The related Employee/Board Member must also apply for coverage in order for the Spouse/Domestic Partner to be eligible for Simplified Issue.

* *Actively-at-work on a full-time basis means that he/she:*

- is age 18 through 65
- is a W-2 employee (i.e., not a contractor) receiving a regular wage or salary, and
- is regularly scheduled to work 20 or more hours per week, and
- was working at his/her usual place of employment on the last regularly scheduled work day before signing the application, and
- has not been absent from work due to illness or injury for more than 5 days during the 30 days prior to signing the application or during the time he/she has been employed by his/her employer if fewer than 30 days.

You may be required to provide documentation of your actively-at-work status.

Recognition of a K-1 Business Owner as an Employee:

LifeSecure will also recognize owners of small businesses who are K-1 partners/shareholders with at least 20% ownership and who meet all other definitions of actively-at-work outlined above (except W-2 status).

Note: *If the minimum number of applications required for the participating employer group is not met, then Simplified Issue underwriting will not be available. In such cases, all applicants will need to submit a full application, including Sections 5 and 6.*

Coverage Limits for Simplified Issue

For Employers Who Qualify for LifeSecure's Defined Advantage Multi-life LTC Program:

- Benefit Bank amounts from \$100,000 to \$300,000 (or \$200,000 if choosing the Shared Care Benefit Rider)

For Employers Who Qualify for LifeSecure's Employee Solutions Multi-life LTC Program:

- Benefit Bank amounts from \$100,000 to \$400,000 (or \$300,000 if choosing the Shared Care Benefit Rider)

Note: *To apply for Benefit Bank amounts greater than those described, the applicant will need to submit a full application, including Sections 5 and 6.*

Section 1 | Initial Insurability Questions |

1. Within the *past 12 months*, have you resided in or been advised by a healthcare professional to become a resident of a Nursing Home, Assisted Living Facility, Continuing Care Retirement Community, or any other type of Long Term Care Facility; or have you used or been advised by a healthcare professional to use Home Health Care or Adult Day Care services? ☐ Yes ☐ No

2. Within the *past 3 months*, have you used any of the following? ☐ Yes ☐ No

- Canadian or Elbow Crutches - Motorized Scooter - Stair Lift	- Catheter - Oxygen Equipment - Tracheostomy Supplies	- Dialysis - Quad Cane - Ventilator - Walker	- Hospital Bed - Respirator - Wheelchair
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3. Do you *currently* require human assistance or supervision in order to perform any of the following activities: bathing, dressing, eating, getting in or out of a bed or chair, walking, using the toilet, managing bowel or bladder control? ☐ Yes ☐ No

4. Have you ever been diagnosed or treated by a health care professional as having any of the following: ☐ Yes ☐ No

- Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or a positive Human Immunodeficiency Virus (HIV) test - Addison's Disease - Alcohol or Drug (including prescription drug) abuse within the last five years - Alzheimer's Disease - Amputation due to Disease (not accident) - Amyotrophic Lateral Sclerosis (ALS, also called Lou Gehrig's Disease) - Cancer that is Metastatic, or Chronic Leukemia, or Multiple Myeloma, or Myelodysplastic Syndrome - Cardiac Dysrhythmia with defibrillator - Chronic Kidney/Renal Disease - Untreated Chronic Hepatitis C, Hepatitis D, E or Alcoholic Hepatitis - Cirrhosis of the Liver - Dementia, Mild Cognitive Impairment, Memory Loss (frequent or persistent), Senility, Organic Brain Syndrome - Other Degenerative Neuromuscular Disease - Diabetes that: – is Type 1 (Juvenile), or – is treated with insulin, or – has been combined with tobacco use within the past two years, or	- Diabetes that: – has been combined with any of the following conditions: Abdominal Aortic Aneurysm, Cardiomyopathy, Carotid Artery Disease, Congestive Heart Failure, Retinopathy, Transient Ischemic Attack (TIA) or Stroke (CVA) - Down Syndrome or Mental Retardation - Gastric Bypass or other Weight Loss Surgery within the last two years - Hemophilia - Huntington's Chorea - Muscular Dystrophy (MD) - Multiple Sclerosis (MS) - Organ Transplant – completed or recommended within the past 5 years by a medical professional but not completed (including bone marrow, but excluding corneal) - Parkinson's Disease - Psychosis - Schizophrenia - Scleroderma (except Morphea) - Systemic Lupus Erythematosus (SLE) - Transient Ischemic Attack (TIA) or Stroke (CVA) that: – occurred within the last 2 years, or – occurred more than once, or is combined with Peripheral Vascular Disease or current tobacco use
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5. Are you *currently* receiving, or within the past two years, have you applied for Social Security Disability Income Benefits or Medicaid benefits? ☐ Yes ☐ No

6. In the *past two years*, have you applied for other long term care insurance and been declined, postponed, or offered reduced benefits? ☐ Yes ☐ No

If you answered “**Yes**” to any part of any question above, **PLEASE DO NOT CONTINUE**. We regret that we cannot offer you long term care insurance coverage. If your circumstances change, you may consider reapplying at a future time.

If you answered “**No**” to all questions above, please **CONTINUE**.