

# Supplemental Answers for the Federal Long Term Care Insurance Program 3.0 Full Underwriting Application

Complete this form only if you need additional space to answer any of the following questions on your application. For assistance, call **1-800-LTC-FEDS** (1-800-582-3337) TTY 1-800-843-3557.

First Name	M.I.	Last Name
<b>Home phone</b>	<b>Social Security number</b>	<b>Date of birth</b>
		Month    Day    Year
This form is part of the application I signed on		
		Month    Day    Year
Signature _____		Date
		Month    Day    Year

If the answer to any of Part C questions 1–5 is “Yes,” explain below.

Name and phone number of health care practitioner or health care facility	Question number	Diagnosis, disorder, or condition	Date of onset (mm/yyyy)	Date of last treatment (mm/yyyy)
Name _____ Phone _____				
Name _____ Phone _____				
Name _____ Phone _____				

**Part C question 6: List all additional prescription medications taken over the past six months.**

Name and phone number of health care practitioner or health care facility	Name of medication <small>Check box if taking currently</small>	Dosage <small>(e.g., 10 mg)</small>	Frequency <small>(e.g., 2 times a day)</small>	Reason prescribed
Name _____ Phone _____	<input type="checkbox"/>			
Name _____ Phone _____	<input type="checkbox"/>			
Name _____ Phone _____	<input type="checkbox"/>			
Name _____ Phone _____	<input type="checkbox"/>			

You may use as many additional forms as you need to provide your complete information. Attach completed forms to your application.

If the answer to any of Part D questions 8–11 is “Yes,” explain below.

Name and phone number of health care practitioner or health care facility	Question number	Diagnosis, disorder, or condition	Date of onset (mm/yyyy)	Date of last treatment (mm/yyyy)
<hr/> Name  <hr/> Phone				
<hr/> Name  <hr/> Phone				
<hr/> Name  <hr/> Phone				
<hr/> Name  <hr/> Phone				
<hr/> Name  <hr/> Phone				
<hr/> Name  <hr/> Phone				

The Federal Long Term Care Insurance Program is sponsored by the U.S. Office of Personnel Management, insured by John Hancock Life & Health Insurance Company, and administered by Long Term Care Partners, LLC.

