

Frequently Asked Questions (FAQ)

Lifeseure LTC

1. What is LTC Insurance?

You could need Long-Term Care (LTC) because of an accident, illness, cognitive impairment or simply due to aging.

This plan is designed to help you and your family plan for the high cost of Long-Term care.

2. How does the plan benefit work?

You chose a benefit bank which is the total amount that you have to use towards your LTC. Of that benefit bank, you have 2% to use each month towards your LTC. As you receive your 2% monthly benefit payments, it spends down your total benefit bank and will last for 50 months.

3. What happens if I never need LTC and don't use the LTC benefit?

Similar to car insurance or homeowners insurance, if you never use the LTC benefit then you lose it.

4. Does my premium increase as I get older?

Premiums are based on the age at which you apply for coverage. They do not increase each year as you get older. Insurance companies do reserve the right to increase rates.

5. How do I trigger the plan LTC benefit?

When you need assistance and are certified by a physician as needing assistance with 2 out of 6 Activities of Daily Living (ADL's) or you are diagnosed with cognitive impairment after the first 90 days. The ADL's are bathing, eating, transferring, toileting, continence and dressing.

6. Can my spouse apply for coverage?

Yes – eligible spouses can apply for coverage
The employee must apply for the spouse to be eligible
Spouse coverage cannot exceed employee coverage

7. How does the spousal 10% discount work?

The spouse has to apply for coverage within 10 days from the time the employee applies for coverage. Both the employee and spouse have to be approved for coverage and accept the coverage for both the employee and spouse to receive the discount.

8. Does my spouse have to submit their own application?

Yes, your spouse has to set up their own profile on the enrollment system, answer their own health questions, and submit their own application.
When the employee submits their application, they will provide the spouses' name, gender, birthdate, height/weight, and social security number. This is not a spouses' application. **This does not mean the spouse has applied for coverage.** The spouse has to complete their own application.

9. How do I know my application was submitted?

You will receive a confirmation email from LifeSecure.

10. Can I maintain this policy if I am no longer employed by my current employer?

Yes, the Lifeseure policy is portable by paying your premiums directly to Lifeseure. As long as you continue to pay your premiums, your coverage will remain in force. The rate does not change when you leave employment.

11. How long has Lifeseure been in business?

LifeSecure has been in business since 2006

Learn more about LifeSecure by visiting [LifeSecure - Company Overview \(yourlifeseure.com\)](https://yourlifeseure.com)

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12. Can I use Health Savings Account (HSA) money to pay my premium?

Yes, you can use pre-tax dollars from an HSA to reimburse yourself for long-term care insurance premiums up to the limits listed in the chart below. For specific questions, please contact your HSA administrator.

13. Can I use my Flexible Spending Account (FSA) to pay my premium?

No

14. Are the LTC premiums pre-tax or post-tax?

Post-tax

15. How do I receive my policy?

On your application you will elect your policy being emailed or mailed to you

16. When will I receive my policy?

The Welcome Email or Welcome Letter will be sent about 1 week after approval date.

17. I am having technical difficulties.

Password reset – Click on 'Forgot Password'

Enter Your Group Number, Last 4-Digits of your SSN, and Your 5 Digit Zip Code, Click 'Submit'

You will then be able to reset your password.



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LifeSecure Underwriting Questions

SIMPLIFIED ISSUE UNDERWRITING + POSSIBLE PHONE INTERVIEW (Depending on responses)

1. Please provide your current: Height: _____ ft. _____ inches Weight: _____ lbs.

“Yes” answers to any of numbers 2-7 will automatically disqualify the applicant for coverage

2. Within the past 12 months, have you resided in or been advised by a healthcare professional to enter a Nursing Home, Assisted Living Facility, Continuing Care Retirement Community, Residential Care Facility 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?

3. Within the past 3 months, have you used any of the following?

- Canadian or Elbow Crutches
- Motorized Scooter
- Stair Life
- Catheter
- Oxygen Equipment
- Tracheostomy
- Supplies
- Dialysis
- Quad Cane
- Ventilator
- Walker
- Hospital Bed
- Respirator
- Wheelchair

4. Within the past 3 months have you required 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?

5. Have you ever been diagnosed or treated by a health care profession as having any of the following:

Neurological & Cognitive Disorder

- Alzheimer’s Disease
- Dementia
- Memory Loss (frequent or persistent)
- Senility
- Organic Brain Syndrome
- Medical evaluation for acute memory concerns
- Cognitive impairment (any degree; not related to a learning disability)
- Intellectual Disability/Development Delay (Mental Retardation)
- Down Syndrome
- Amyotrophic Lateral Sclerosis (ALS, also called Lou Gehrig’s Disease)
- Huntington’s Chorea
- Parkinson’s Disease
- Multiple Sclerosis (MS)
- Muscular Dystrophy (MD)
- Myasthenia Gravis
- Other degenerative, neurological, cognitive, and neuromuscular disease

Immune Disorders?

- AIDS Related Complex (ARC)
- Acquired Immune Deficiency Syndrome (AIDS)
- Positive Human Immunodeficiency Virus (HIV)
- Immune Deficiency Syndrome (except HIV)

Cardiovascular/Stroke/Endocrine Disorders?

- Cardiac Dysrhythmia with defibrillator
- Diabetes that has been combined with:
 - Tobacco or nicotine product use within the last 2 years
 - Heart/Circulatory/Vascular Disease;
 - Stroke (including mini-stroke)

Gastrointestinal or Genitourinary Disorders

- Hepatitis except Hepatitis A or C which has been successful treated and is in remission
- Chronic Kidney/Renal Disease
- Chronic Liver Disease
- Bowel Incontinence
- Bladder Incontinence
- Gastric Bypass or other weight loss surgery within the last 2 years

Mental Disorders?

- Psychosis
- Schizophrenia
- Alcohol or drug (including prescription drugs) abuse within the last 5 years

Neuromuscular Disease?

- Amputation due to disease (not accidental)
- Amputation of more than one limb
- Post-Polio Syndrome
- **Polyneuropathy**

Autoimmune & Systemic Disorders

- Ankylosing Spondylitis
- Addison’s Disease
- Hemophilia
- Systemic Lupus Erythematosus (SLE)

Cancers

- Cancer treated within the last 12 months or that which is being monitored annually or more frequently
- Cancer that is metastatic (positive lymph nodes, or spread from original location or site)
- Chronic Leukemia

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- Progressive or Moderate Neuropathy; or Retinopathy
- Diabetes that is treated with insulin
- Juvenile Diabetes
- Type 1 Diabetes
- Stroke (CVA)/Transient Ischemic Attack (TIA) that occurred within the last 2 years or more than once
- Stroke (CVA)/Transient Ischemic Attack (TIA) that is combined with Tobacco or nicotine product use within the last 2 years
- Heart/Circulatory/Vascular Disease
- Diabetes
- Polycystic Kidney Disease
- Thrombotic Disorder
- Scleroderma (except Morphea)
- Transverse Myelitis
- Multiple Myeloma
- Myelodysplastic Syndrome
- Polycythemia Vera
- Non-Hodgkin's or Hodgkin's Lymphoma

Organ Transplant (including bone marrow, but excluding corneal)?

- Organ Transplant completed
- Organ Transplant recommended within the last 5 years by a medical professional by not performed?

6. **Are you currently receiving or do you have an application pending, or within the past two years, have you applied for:**
 - Disability Income;
 - Social Security Disability Income (other than survivorship benefits);
 - Workers Compensation;
 - Medicaid
 - Veteran's Disability Compensation percentage of 30% or greater; or
 - Federal or State Disability Payments not listed above?
7. **Within the past 3 years, have you applied for other long-term care insurance and been declined, postponed, or offered reduced benefits?**
8. **Within the past 2 years, have you received, from a physician licensed to practice in the United States, a complete physical exam that includes bloodwork (complete blood count and basic metabolic profile) and physician recommended diagnostics?**
9. **If you have not received a complete physical exam in the last 2 years, have you visited a physician licensed to practice in the United States, such as your personal physician, sometimes called your Primary Care Doctor (i.e., the physician with most of your medical records) within the last 2 years?**
10. **If you do not have a Primary Care Doctor or have not visited your Primary Care Doctor in the last two years, provide the name of any medical doctor or medical clinic, such as an urgent care or walk-in clinic, that you have visited within the last 2 years**
11. **Within the past 3 years, have you used any tobacco or nicotine products, including but not limited to, cigarettes, cigars, chewing tobacco, electronic-cigarettes, pipe, and water pipe smoking (hookah, narghile)? If "Yes", date last used:**

FULL UNDERWRITING + Phone Interview

1. **Within the past 5 years have you used hashish or marijuana (medically or recreationally)?**
2. **Within the past 5 years have you used street drugs, narcotics, stimulants, sedatives or hallucinogens that were not prescribed by a physician?**

Disclaimer: The underwriting questions within this proposal are for illustrative purposes only. The number of underwriting questions and the questions themselves can vary depending upon the state-specific application.