



Discounted Long-Term Care Insurance Premiums

Long-term care insurance is available through the Pennsylvania Medical Society Insurance Agency from carriers such as Genworth, John Hancock*, Met Life*, MedAmerica*, Mass Mutual*, and Prudential (***discounts available to Medical Society members and members of their families**).

Because long-term care is an important component in preparing for an individual or family's financial future, please consider the need for this insurance. Long-term care insurance provides the following:

- ✓ **Asset Protection**: Protects against the need to pay for long-term care expenses from accumulated financial assets.
- ✓ **Home Health & Nursing Care**: Extended medical care is the single greatest financial risk that is often left uninsured. Long-term care provides coverage for home health care services and nursing home care.
- ✓ **Tax Benefits**: Premiums paid with corporate dollars may be tax deductible as a business expense dependent upon the corporate structure of your practice. Long-term care insurance can be purchased for you and your spouse, charged as a business expense, and used tax-free (*double tax benefit*).

Please note that physicians are beginning to re-allocate funds previously set aside for disability insurance during their working years to pay for long-term care coverage.

Attached is a 'screening' questionnaire which is used to determine if a carrier will consider long-term care insurance for you and, if so, to propose rates for coverage. Please return the screening questionnaire via our HIPAA-compliant fax at (717) 561-6077. You may also find and complete this application electronically by clicking on the *Request a Quote* tab on our website at www.pamedinsurance.com.

The Pennsylvania Medical Society Insurance Agency's general agent for long-term care insurance is Mike Baker (see attached biography). Upon receipt of the pre-screening questionnaire, Mr. Baker will contact you to answer questions and determine if there is interest in proceeding in the formal application process.



Pennsylvania
MEDICAL SOCIETY®

PENNSYLVANIA MEDICAL SOCIETY
INSURANCE AGENCY

YOUR LONG-TERM CARE SPECIALIST

Mike Baker has been recognized nationally for his achievement in Long-Term Care Insurance. In 2007, The American Association for Long-Term Care Insurance recognized him as one of the leading agents in the country.

Mike has more than 12 years of experience in the Long-Term Care Insurance market. He has developed a successful practice working with both individuals and employer groups. During the past 8 years he has served as a Long-Term Care Insurance Consultant for members of:

- Pennsylvania Medical Society
- The Medical Society of New Jersey Corporate Partner Program
- Pennsylvania Association of School Retirees (PASR)
- Pennsylvania Association of Retired State Employees (PARSE)
- Pennsylvania Masons
- 30+ Continuing Care Retirement Communities in PA, MD, and VA
- Association of Brethren Caregivers (ABC)
- Fellowship of Brethren Homes



Michael A. Baker

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mbaker@pamedinsurance.com

"My goal is to provide objective information about Long-Term Care Insurance so my clients can make an informed decision."

REQUEST FOR LONG-TERM CARE COVERAGE INFORMATION



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This is not an application for insurance. The answers on this form will be used to evaluate against underwriting criteria for long-term care insurance.

After the evaluation has been completed, we will contact you to discuss available long-term care insurance products and to present a proposal if underwriting criteria is satisfied.

Name _____ Date of Birth _____

Name of Spouse _____ Date of Birth _____

Address _____

Telephone _____ Best Time to Call _____

Email Address _____

Do you and/or your spouse own a business? Yes No If so, please explain _____

Your Employer _____ Occupation/Job Title _____ Retired

Spouse's Employer _____ Occupation/Job Title _____ Retired

Health history is an important factor in qualifying for Long-Term Care Insurance.

Q. In the past TEN (10) years, have you (or your spouse) been hospitalized or had surgery for any reason? Yes No
If YES, please list the name of the person who had the hospital stay and/or surgery and the date and reason for the hospital stay/surgery.

NAME	DATE	REASON

- Please complete next page -

REQUEST FOR LONG-TERM CARE COVERAGE INFORMATION



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Insurability Questions

Name: _____

1. Have you been medically diagnosed as having or have you been treated for:
 - a) Yes No Alzheimer's disease, organic brain syndrome, dementia, frequent or persistent forgetfulness, mental retardation, or senility?
 - b) Yes No Parkinson's disease or syndrome, multiple sclerosis, amyotrophic lateral sclerosis (Lou Gehrig's disease) or muscular dystrophy?
 - c) Yes No Stroke or any other type of cerebral vascular accident (CVA) or transient ischemic attack (TIA): (a) within the last 5 years; (b) with residual impairment; (c) with multiple events; or (d) in combination with diabetes, circulatory or heart disease, or tobacco use?
 - d) Yes No Immune Deficiency Disorder, AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS related complex), any AIDS related condition(s) or tested positive for antibodies to the AIDS virus?
 - e) Yes No Cancer with metastasis; or cancer treated in the past 24 months with chemotherapy, radiation, surgery or bone marrow transplant (except basal cell cancer, or early stage breast or prostate cancer)?
 - f) Yes No Cirrhosis of the liver?
 - g) Yes No Emphysema, chronic obstructive pulmonary disease or any chronic respiratory disease, in combination with smoking?
 - h) Yes No Congestive heart failure for which you are currently being treated (including treatment by medication)?
 - i) Yes No Diabetes with amputation or complications affecting the kidney?
 - j) Yes No Schizophrenia; or any other mental or nervous disorder for which you have been hospitalized in the past 2 years or have had multiple hospitalizations?
2. Yes No Have you had or have you ever been advised by a physician to have any organ transplant?
3. Yes No Do you currently use a walker, wheelchair, or respirator?
4. Yes No Do you currently receive dialysis or oxygen treatment?
5. Yes No Are you currently residing in a nursing home or assisted living facility; or are you receiving home health care services or attending adult day care?
6. Yes No Do you need assistance or supervision in performing any of the following activities: moving in/out of chair or bed, bathing, dressing, eating, toileting, continence, or walking?

Please return this form to the Pennsylvania Medical Society Insurance Agency.

****If your spouse is also applying for coverage, please have them complete the other side of this form.**

Fax: (717) 561-6077 ■ Phone: (866) 441-2392

REQUEST FOR LONG-TERM CARE COVERAGE INFORMATION



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Insurability Questions (for spouse)

1. Have you been medically diagnosed as having or have you been treated for:
 - a) **Yes** **No** Alzheimer's disease, organic brain syndrome, dementia, frequent or persistent forgetfulness, mental retardation, or senility?
 - b) **Yes** **No** Parkinson's disease or syndrome, multiple sclerosis, amyotrophic lateral sclerosis (Lou Gehrig's disease) or muscular dystrophy?
 - c) **Yes** **No** Stroke or any other type of cerebral vascular accident (CVA) or transient ischemic attack (TIA): (a) within the last 5 years; (b) with residual impairment; (c) with multiple events; or (d) in combination with diabetes, circulatory or heart disease, or tobacco use?
 - d) **Yes** **No** Immune Deficiency Disorder, AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS related complex), any AIDS related condition(s) or tested positive for antibodies to the AIDS virus?
 - e) **Yes** **No** Cancer with metastasis; or cancer treated in the past 24 months with chemotherapy, radiation, surgery or bone marrow transplant (except basal cell cancer, or early stage breast or prostate cancer)?
 - f) **Yes** **No** Cirrhosis of the liver?
 - g) **Yes** **No** Emphysema, chronic obstructive pulmonary disease or any chronic respiratory disease, in combination with smoking?
 - h) **Yes** **No** Congestive heart failure for which you are currently being treated (including treatment by medication)?
 - i) **Yes** **No** Diabetes with amputation or complications affecting the kidney?
 - j) **Yes** **No** Schizophrenia; or any other mental or nervous disorder for which you have been hospitalized in the past 2 years or have had multiple hospitalizations?
2. **Yes** **No** Have you had or have you ever been advised by a physician to have any organ transplant?
3. **Yes** **No** Do you currently use a walker, wheelchair, or respirator?
4. **Yes** **No** Do you currently receive dialysis or oxygen treatment?
5. **Yes** **No** Are you currently residing in a nursing home or assisted living facility; or are you receiving home health care services or attending adult day care?
6. **Yes** **No** Do you need assistance or supervision in performing any of the following activities: moving in/out of chair or bed, bathing, dressing, eating, toileting, continence, or walking?

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