

# SecureCare III Pre-Screen Checklist

We strongly recommend completing a pre-screen to help determine if a client may be a good candidate for SecureCare III. In addition to our Pre-Qualification Impairment Guide, this checklist is a tool to help you gather the information needed to conduct a pre-screen.

**Please note:** this is not an exhaustive list of conditions that could result in a decline or should be pre-screened. For additional medical conditions and impairments that may result in a decline and/or should be pre-screened, please refer to our [Pre-Qualification Impairment Guide](#).

## Client information

- Gender
- Age or DOB
- Any form of tobacco or nicotine use current or in the past? If yes, how often? Date last used?
- Height/weight

\***Please note:** An applicant should get a medical exam **before submitting an application** if they are:

- Age 55-60 and date of last medical exam is more than 5 years ago
- Age 61+ and date of last medical exam is more than 3 years ago

A body mass index (BMI) **less than or equal to 15.9 or greater than or equal to 40 will be declined** without any other medical history. A **pre-screen is recommended for clients that are borderline** or may have other medical conditions.

Height	Decline BMI <= 15.9 Weight (pounds)	Decline BMI >= 40.0 Weight (pounds)	Height	Decline BMI <= 15.9 Weight (pounds)	Decline BMI >= 40.0 Weight (pounds)
4'10"	76	192	5'10"	111	279
4'11"	78	198	5'11"	114	287
5'0"	81	205	6'0"	117	295
5'1"	84	212	6'1"	120	303
5'2"	87	219	6'2"	124	312
5'3"	90	226	6'3"	127	320
5'4"	92	233	6'4"	131	329
5'5"	95	241	6'5"	134	337
5'6"	98	248	6'6"	138	346
5'7"	101	256	6'7"	141	355
5'8"	104	263	6'8"	145	364
5'9"	108	271			

## Information needed for a pre-screen

**If the client has ever received a medical diagnosis or has any medical conditions, please collect:**

- name of diagnosis/condition
- date of diagnosis
- date of last treatment
- current medications being taken
- the treatment received (including medication and non-medication, such as injections, physical therapy, etc.)

**If the applicant answers yes to any of the following questions, please collect additional details.**

**Has/does the applicant:**

- ever experienced any complications associated with a diagnosis/condition?
- received any treatment for a medical condition in the past 5 years (including surgical, epidural, non-medication pain treatment, non-surgical procedures, etc.)?
- ever been declined or rated for life insurance or long-term care insurance in the last 5 years?
- been hospitalized or received inpatient treatment within the last 12 months?
- undergone any surgical procedure in the last 24 months?
- have any pending surgical procedures?
- use any assistive devices?
- have a family history of dementia, Alzheimer's disease, Huntington's disease, Polycystic Kidney Disease, or ALS?

## Common medical conditions that should be pre-screened

**If the applicant has any of the following medical conditions, please collect:**

- date of diagnosis
- date of last treatment
- how the condition is being or has been treated (medications taken, physical therapy, etc.)
- current medical condition
- additional details listed below

- Arthritis
- Bone or joint disorders, joint replacements, fractures, osteoporosis
- Cancer: stage, grade, type and location on the body. For prostate cancer, please note the last PSA reading, date it was collected, and Gleason score.
- Chronic pain
- Diabetes: most recent hemoglobin A1C Level
- Heart issues, cardiovascular disease
- Hypertension: most recent blood pressure reading
- Lung disorders, COPD, asthma
- Melanoma: stage, size and location on the body
- Mental health: medication details (dose and frequency), any inpatient or outpatient treatment
- Sleep apnea: OSA and treatment details (use of BiPAP or C-PAP)
- Stroke or TIA
- Substance abuse: medication details (dose and frequency), any inpatient or outpatient treatment, date substance was last used
- Therapy treatment (such as physical or occupational): reason for therapy, dates of treatment, status post-completion

## Conditions that will result in a decline

**Please note: this is not an exhaustive list of declinable conditions.**

- Parkinson's disease
- ALS (Lou Gehrig's disease)
- Paralysis
- Huntington's disease
- Dementia
- Multiple sclerosis
- Muscular dystrophy
- Use of insulin
- HIV/AIDS
- Receiving any disability benefits
- Any pending surgical procedures
- Surgery completed, not fully recovered and not yet released from physician care related to the surgery
- Loss of any activities of daily living: bathing, continence, dressing, eating, transferring (moving into or out of chair or bed), toileting
- Loss of any instrumental activities of daily living: shopping, laundry, housekeeping, transportation, managing finances, meal preparation, using the phone, taking medications (including setup), walking



## Underwriting pre-screens

**1-888-405-5824, option 3**

8 a.m.-3:30 p.m. CST, Monday-Friday **or**

[securecarequickquote@securian.com](mailto:securecarequickquote@securian.com)

If the client moves forward with the application process, please include the pre-screen reference number with their submitted application.

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