



**MONEYGUARD® RESERVE PRE-QUALIFYING TOOL**

Clients who have not been previously declined for long-term care coverage (by Lincoln or any other carrier) and can answer "NO" to ALL of the following questions are good candidates for MoneyGuard®. All others should be directed to alternative solutions. (Note: This form is to be used as a reference for you and does not need to be submitted to Lincoln.)

<b>Has your client ever been diagnosed with:</b>	<b>YES</b>	<b>NO</b>
Alzheimer's Disease or Dementia, or taking any medication for memory loss?	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema, chronic obstructive pulmonary disease (COPD) or congestive heart failure?	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's Disease, Multiple Sclerosis or Muscular Dystrophy?	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatoid Arthritis or taking methotrexate, prednisone, enbrel or remicade for joint pain?	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis that is untreated or with a history of compression fractures or height loss of two inches or more?	<input type="checkbox"/>	<input type="checkbox"/>
A Stroke or Transient Ischemic Attack (TIA) within the last 24 months or heart attack, heart or carotid artery surgery within the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Cancer (other than non-melanoma skin cancer) within the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Type 1 diabetes?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Is your client:</b>	<b>YES</b>	<b>NO</b>
Currently being treated for a medical condition or having medical treatment, a pending consult or surgery recommended but not yet completed?	<input type="checkbox"/>	<input type="checkbox"/>
On dialysis?	<input type="checkbox"/>	<input type="checkbox"/>
Using Oxygen for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
The recipient of an organ transplant?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Does your client:</b>	<b>YES</b>	<b>NO</b>
Use a cane of any variety, walker or wheelchair on a regular or intermittent basis?	<input type="checkbox"/>	<input type="checkbox"/>
Take any narcotic drug or prescription pain medication on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
Have an implantable defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>
Currently collect disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Have a handicap parking permit?	<input type="checkbox"/>	<input type="checkbox"/>

**Clients who can answer "No" to all questions are good candidates for MoneyGuard® Reserve**

NOTE: If your client has any surgery scheduled in the next two months, or if he/she has recently been advised to have surgery, you should wait to submit the case until the client is at least three months post-operation, fully recovered, back to 100% full activity, and released from doctors' care.