Home Healthcare Questionnaire

The following questions are asked only to help us better understand your family history and concerns that you may have in the event you need recovery care, allowing us to make an educated recommendation.

1. In the event you required daily care because of an illness, an accidently fall or injury. Where would you **want to receive your care:** at Home, in an assisted living center or nursing home? Explain _____
2. Have you ever had to help care for a family member or loved one? Yes / No What type of care did they require and **for how long each day**? _____
3. Which you want your spouse and children to be? **Your Care Giver** or **the Care Manager**?
4. If you were to slip and fall, have a mild stroke, heart attack or battle cancer, **who** would take care of you and describe how that might **impact their daily life**? _____
5. Does your spouse or children have medical training and are they **physically able to lift you** out of the bathtub or bed? Y / N
6. Who would take care of you, while your loved ones took care of their children, ran errands, went to work or did the weekly shopping? _____
7. Would having a plan in place that allowed for family members to be the Care Managers give you better peace of mind? Yes / No
8. Has anyone explained the New Home Health Care Plan with prescription reimbursement? Yes / No

Now I have a better understanding about your recovery care concerns. Let me explain how a Home Health Care Plan will allow your loved ones to be the care managers and not the caregiver…

Choose the Peace of Mind Plan that Best Fits Your Needs

Bronze Peace of Mind 6	Silver Peace of Mind 12	Gold Peace of Mind 24
Up to 6 Hours Daily Home Care	***Up to 12 Hours of Daily Home Care***	***Up to 24 Hours of Daily Home Care***
$40 Per Day of Home Health Care Aide	$80 Per Day of Home Health Care Aide	$120 Per Day of Home Health Care Aide
Up to $150 Daily Benefit Amount	Up to $300 Daily Benefit Amount	Up to $450 Daily Benefit Amount
6 Month Restoration of Benefits	6 Month Restoration of Benefits	6 Month Restoration of Benefits
$54,000 of Home Care Benefits	***$108,000 of Home Care Benefits***	***$162,000 of Home Care Benefits***
Up to $300 per yr. Drug Benefit	***Up to $600 per yr. Drug Benefit***	***Up to $600 per yr. Drug Benefit***
$_____Monthly Premium	$_____Monthly Premium	$_____Monthly Premium

GTL Short Term Care

Client Name: _____ Phone: _____

Address: _____

Agent Name: _____