



The Federal Long Term Care Insurance Program™

Sponsored by the U.S. Office of Personnel Management
Administered by Long Term Care Partners, LLC
Offered by John Hancock Life Insurance Company, Boston, MA
Metropolitan Life Insurance Company, New York, NY



Supplemental Answers for Application

Valid beginning March 1, 2007

Complete this form only if you need additional space to answer any of the following questions on your application.
For assistance, call **1-800-LTC-FEDS** (1-800-582-3337) (TTY 1-800-843-3557).

Name: _____	SSN: _____
Home Phone: (_____) _____	DOB: _____ / _____ / _____ Month Day Year
This form is part of the application I signed on: _____ / _____ / _____ Month Day Year	Date: _____ / _____ / _____ Month Day Year
Signature: _____	

Part C, Questions 1-5 – If the answer to any of questions 1-5 is “YES,” explain below.

Name, Address and Phone Number of Treating Health Professional	Question #	Diagnosis or Disorder	Date of Onset (mm/yy)	Date of Last Treatment (mm/yy)
Name _____ Address _____ Phone (_____) _____				
Name _____ Address _____ Phone (_____) _____				

Part C, Question 6 – Medications: List all prescription medications taken over the past 6 months.

Name, Address and Phone Number of Prescribing Health Professional	Name of Medication Check box if taking currently	Dosage (e.g., 10 mg)	Frequency (e.g., 2x a day)	Reason Prescribed
Name _____ Address _____ Phone (_____) _____	<input type="checkbox"/>			
Name _____ Address _____ Phone (_____) _____	<input type="checkbox"/>			
Name _____ Address _____ Phone (_____) _____	<input type="checkbox"/>			
Name _____ Address _____ Phone (_____) _____	<input type="checkbox"/>			

Part D, Questions 8-11 – If the answer to any of questions 8-11 is “YES,” explain below.

Health Care Facility or Treating Health Care Professional	Question #	Diagnosis or Disorder	Date of Onset (mm/yy)	Date of Last Treatment (mm/yy)
Name _____ Address _____ Phone (_____) _____				
Name _____ Address _____ Phone (_____) _____				

You may use as many additional forms as you need to provide your complete information. Attach completed form(s) to your application.
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