



## IMMEDIATE AND DEFERRED CARE PLANS

# ILLUSTRATION REQUEST FORM

The purpose of this form is to obtain initial, relevant medical information in order for us to be able to provide an Illustration.

It is important to take care to answer all questions fully and to the best of your knowledge so that we can accurately assess the cost of funding the benefits required. The information provided will be used for research and statistical purposes. This data is provided in the strictest confidence and its use is fully covered under the data protection laws and any successor legislation.

Client's Name	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gender	<input type="radio"/> Male <input type="radio"/> Female
Fees payable	<input type="text"/> per annum
Care provider	<input type="text"/>
Date of admission	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>

## 1. PAYMENT OPTIONS

	Benefit required	Single Premium
Benefit basis	£ <input type="text"/>	£ <input type="text"/>
Payable (payments are made in advance)	<input type="radio"/> Four-weekly <input type="radio"/> Monthly	
Deferred period years	<input type="text"/>	(up to a maximum of 5)
Escalation	<input type="text"/>	(up to a maximum of 8)
Escalation month	<input type="text"/>	(up to a maximum of 8)

Please note: Unless indicated above, increases will be applied on the anniversary of the contract.  
The following options are only available on an Immediate Care Plan

Link to the RPI	<input type="radio"/> Yes <input type="radio"/> No
OR	
Capital Protection	<input type="text"/> 0% - 75%

## 2. CLIENT'S PERSONAL SITUATION

Marital status	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed
If bereaved, how long for?	<input type="radio"/> Within last 6 months <input type="radio"/> Within last 6-12 months <input type="radio"/> More than one year ago
Social network with regular visitors, outdoor trips?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known
Where was the client admitted from?	<input type="radio"/> Home <input type="radio"/> Hospital <input type="radio"/> Residential home <input type="radio"/> Nursing home
Where is the client now?	<input type="radio"/> Home <input type="radio"/> Residential home <input type="radio"/> Nursing home
How long has the client been there?	<input type="radio"/> Less than 6 months <input type="radio"/> Residential home
Nationality	<input type="text"/>

### 3. CONDITIONS

Cancer

- No  Only tiny tumour growth (carcinoma in-situ)
- Only local tumour growth
- Tumour invaded adjacent lymph nodes
- Tumour invaded distant lymph nodes
- Tumour spread to distant organs (distant metastases)

Subarachnoid haemorrhage

- No  Yes

If yes

- Recent recurrence?  First event over 5 years ago?

Transient ischaemic attack (minor stroke)

- No  Yes

If yes

- Recent recurrence?  First event over 5 years ago?

Cerebrovascular accident (major stroke)

- No  Yes

If yes

- Recent recurrence?  First event over 5 years ago?

Diabetes

- No  Yes

If yes

- Diagnosed over 5 years ago?

Diabetic complications

Atrial fibrillation

- No  Yes

If yes

- Current symptoms?  Diagnosed over 5 years ago?

Surgical intervention

- No  Yes  Yes, more than once

Congestive cardiac (heart) failure

- No  Yes

If yes

- Current symptoms?  Diagnosed over 5 years ago?

Surgical intervention

- No  Yes  Yes, more than once

Heart attack

- No  Yes

If yes

- Current symptoms?  Diagnosed over 5 years ago?

Surgical intervention

- No  Yes  Yes, more than once

### 3. CONDITIONS (CONTINUED)

Peripheral vascular disease

No  Yes

If yes

Current symptoms?  Diagnosed over 5 years ago?

Surgical intervention

No  Yes  Yes, more than once

Ischaemic heart disease/angina

No  Yes

If yes

Current symptoms?  Diagnosed over 5 years ago?

Surgical intervention

No  Yes  Yes, more than once

High blood pressure/hypertension

No  Yes

If yes

Current symptoms?  Diagnosed over 5 years ago?

Surgical intervention

No  Yes  Yes, more than once

Asthma

No  Yes (if ongoing problems with symptoms in the last 12 months)

Emphysema/COPD

No  Yes (if ongoing problems with symptoms in the last 12 months)

Pneumonia

No  Yes (if ongoing problems with symptoms in the last 12 months)

Recurrent chest infections

No  Yes (if ongoing problems with symptoms in the last 12 months)

Multiple Sclerosis

No  Yes

Parkinson's Disease

No  Yes

Dementia

No  Yes

Depression

No  Yes (symptoms in the last 24 months)

Fractures

No  Yes, in the last 6 months  Yes, 6-12 months ago

Osteoarthritis/rheumatoid arthritis

No  Yes

## 4. SYMPTOMS

Dyspnoea  
(shortness of breath)

No  Yes

Chest pain

No  Yes

Recurrent falls  
(at least 2 in the last 6 months)

No  Yes

MMSE score

Not Known  25-30  17-24  8-16  7 or below

Orientation in place?

No  Yes

Orientation in time?

No  Yes

Memory

Good  Fair  Poor

Change in condition  
over time

Stable  Deteriorating  Deteriorating rapidly

Leg oedema (swelling)

No  Yes

## 5. ACTIVITIES OF DAILY LIVING (ADL) FUNCTION

Bowels

Incontinent  Occasional Incontinence  Continent

Bladder

Incontinent or catheterised and unable to manage

Occasional accident (max x1 per 24 hours)

Continent (for over 7 days)

Grooming

Needs help  Independent (with face/hair/teeth/shaving)

Toilet use

Dependent  Needs some help, but can do some things

Independent (on, off, dressing and wiping)

Feeding

Unable  Needs help (with cutting, spreading butter etc.)  Independent

Transfer

Immobile  Major help (1-2 people, physical)  Minor help (verbal or physical)

Independent

Mobility

Immobile  Wheelchair dependent  Walks with the help of 1 person (verbal or physical)

Independent (but may use any aid e.g. stick)

## 5. Activities of Daily Living (ADL) function (CONTINUED)

Dressing	<input type="radio"/> Dependent	<input type="radio"/> Needs help (verbal, physical or carry aid)	<input type="radio"/> Independent
Stairs	<input type="radio"/> Unable	<input type="radio"/> Needs help (verbal, physical or carry aid)	<input type="radio"/> Independent
Bathing	<input type="radio"/> Dependent	<input type="radio"/> Independent	

## 6. OTHER INFORMATION

Height	<input type="text"/>	ft	<input type="text"/>	ins	OR	<input type="text"/>	cms
Weight	<input type="text"/>	st	<input type="text"/>	lbs	OR	<input type="text"/>	kgs
Pressure sores	<input type="radio"/> No, not within the last 6 months	<input type="radio"/> Within the last 6 months	<input type="radio"/> Current				
Blood pressure	<input type="radio"/> Reading at or below 150/90	<input type="radio"/> Reading above 150/90					
PEG feeding	<input type="radio"/> No	<input type="radio"/> Yes					

## 7. MEDICATION

Number of prescribed medicines	<input type="text"/>
Regular oxygen use	<input type="radio"/> No <input type="radio"/> Yes

Please provide any further relevant details

## 8. FINANCIAL ADVISER'S DETAILS

Are you providing advice in respect of this illustration?

No  Yes

Do you hold the CF8 qualification or an equivalent?

No  Yes

If yes, please state

Do you require us to facilitate an Adviser Charge?

No  Yes

If yes, please state

Amount £  OR  % of the premium

Contact name

Company name

Network (if applicable)

FS registration number

101022

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Gadbrook Way, Gadbrook Park

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