

Nationwide YourLife CareMattersSM

What to expect during your personal history interview

Part of the Nationwide YourLife CareMattersSM application process

Thank you for considering Nationwide YourLife CareMattersSM for your long-term care and life insurance coverage needs. Now that you've met with your life insurance professional, you'll be receiving a call from an interviewer. He or she will gather information about your personal and medical history, which will be recorded and used to help complete your application.

This worksheet was designed to help you prepare for that interview. Filling it out ahead of time is optional, but it will enable you to have all the information you need right at your finger tips — saving you time and eliminating the hassle of searching for it during the interview.

What to expect

The phone interview usually takes about 45 minutes, but can run longer based on your specific history.

What you'll be discussing:

- Medical and prescription history
- Occupation, hobbies, sports and travel information
- Citizenship/immigration information
- Verification of your Social Security number
- Social history, including alcohol and tobacco use
- Daily living activities
- A cognitive assessment may also be included (no preparation is needed for this)

HELPFUL HINT: Due to the personal nature of the information being discussed, you may want to choose somewhere private to complete the phone interview.

Nationwide[®] will need to verify your prescription information, so please be sure to supply the most accurate information available. And once the phone interview is completed, you'll be asked to give a voice signature to verify the accuracy of all the information you've provided.

What you'll need

The interviewer will be asking you very specific questions during your phone interview, especially about your medical and prescription history. Having all the information you need in one place will help simplify the phone interview for you.

Social Security number**Driver's license number**

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Medications

Provide all prescription medications that you're currently taking, as well as those you've been prescribed, have taken or been given in the past three years. Also, list any over-the-counter medications, aspirin or supplements you've taken for two or more weeks at a time within the last 12 months.

Medication name	Dosage	When started	Currently taking	Reason for taking	Physician
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Daily living activities

Have you needed assistance or supervision while performing any of the following activities in the last 24 months? (Check all that apply):

<input type="checkbox"/> Bathing	<input type="checkbox"/> Meal preparation	<input type="checkbox"/> Toileting
<input type="checkbox"/> Bowel or bladder control	<input type="checkbox"/> Managing your finances	<input type="checkbox"/> Use of transportation
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Moving in or out of a chair or bed	<input type="checkbox"/> Telephone use
<input type="checkbox"/> Dressing	<input type="checkbox"/> Shopping	<input type="checkbox"/> Walking
<input type="checkbox"/> Eating	<input type="checkbox"/> Taking or managing your medications	

What recreational activities, volunteer work or exercise regimens do you participate in?

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Social history

Have you used tobacco or nicotine products — such as cigarettes, cigars, electronic cigarettes, pipe, smokeless tobacco, snuff, other tobacco products, nicotine products (gum, patch, etc.) — in any form?

In the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	In the last 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If "yes", please specify the type:

<input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Electronic cigarettes <input type="checkbox"/> Pipe <input type="checkbox"/> Smokeless tobacco <input type="checkbox"/> Snuff <input type="checkbox"/> Other tobacco products
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Amount and frequency: last 12 months: _____ last 36 months: _____

Date tobacco or nicotine product last used: ____/____/____ (mm/dd/year)

Social history (cont.)

Do you consume alcoholic beverages? Yes No

If "yes," please specify the type, amount and frequency: _____

Date alcohol last used: ____/____/____ (mm/dd/year)

Medical history

Please list all medical conditions (past and current) for which you've been diagnosed. And keep in mind that the interviewer may have additional questions based on the information you provide.

Condition	Date of diagnosis	Symptoms	Tests done – including results	Type and date of treatment	Name, address and phone number of the physician, hospital and/or treatment facility

If you have or have had any of the following conditions, please be prepared to provide the following information:

Cancer	Diagnosis/date of diagnosis _____ Type, location, stage of cancer or any lymph node involvement or metastasis _____ Treatment (including date of last treatment) and any residuals/side effects _____ _____ Outcome _____
Diabetes	Type _____ Have you had any of the following conditions related to diabetes? <input type="checkbox"/> Eye problems or retinopathy <input type="checkbox"/> Foot sores or ulcers <input type="checkbox"/> Amputations <input type="checkbox"/> Kidney problems or nephropathy <input type="checkbox"/> Neuropathy Do you check your blood sugar levels? <input type="checkbox"/> Yes <input type="checkbox"/> No Date last checked ____/____/____ (mm/dd/year) Average reading _____ Have you had a hemoglobin A1C test (HgA1C)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of last test ____/____/____ (mm/dd/year) Results _____

Medical history (cont.)

Heart disease/ heart attack	<p>Date of last occurrence ____/____/____ (mm/dd/year)</p> <p>Have you had any procedures or surgeries? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes):</p> <p>Type (bypass — include how many vessels, angioplasty, stent placement, etc.) _____</p> <p>Date completed ____/____/____ (mm/dd/year)</p> <p>Facility/physician name, city and state: _____</p> <p>If you have had more than one instance, please be prepared with the details of that as well</p>
High blood pressure	<p>How often is your blood pressure taken? _____</p> <p>Who takes your blood pressure readings? _____</p> <p>Results/readings:</p> <p>Date of last blood pressure reading ____/____/____ (mm/dd/year)</p> <p>Results of the last blood pressure reading _____</p> <p>Average readings _____</p>

Application history

Please list all life, long-term care or disability insurance applications for which you have been declined, postponed, rated, etc.

Product type	Date applied for	Outcome	Reason for outcome	Company

YOU'RE ALL SET

Now that you know what information is needed, you're ready for your interview. Thank you, again, for considering Nationwide YourLife CareMatters. And if you have any additional questions about our product or the interview, please feel free to contact your insurance professional.

Life insurance is issued by Nationwide Life Insurance Company or Nationwide Life and Annuity Insurance Company, Columbus, Ohio.

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