



**ManhattanLife**<sup>TM</sup>

*Standing By You. Since 1850.*

# OmniFlex<sup>TM</sup> Short-Term Care Health Prescreen Form

## Agent Information

Name:

Phone:

Email:

Date:

## Client Information

State:

Age:

Gender:

Tobacco Use *within 24 months*:

Male

Female

Yes

No

## Medications In Question *(attach a separate sheet if needed)*

Prescribed Medication:

Date Prescribed:

Dosage & Frequency:

Diagnosed Condition & Onset Date

## Concerns prompting this pre-screen:

## Previous Decline?

No

Yes – If yes, provide reason(s) why:

### HOW TO SUBMIT YOUR REQUEST:

Fax: 866-863-8608

: <https://goldencareagent.com/nb-upload>

: [STCUnderwriting@manhattanlife.com](mailto:STCUnderwriting@manhattanlife.com)

### MANHATTANLIFE UNDERWRITING:

OmniFlex<sup>TM</sup> Underwriting Team:  800-672-4535, option 9 (PreScreen), then option 2 (OmniFlex).

○ Monday - Thursday: 8:00 a.m. to 5:00 p.m. Central Time

○ Friday: 8:00 a.m. to 2:00 p.m. Central Time