Nationwide®
is on your side

Nationwide YourLife CareMatters® (NY)

Interview guide

The application process: How to prepare for your personal history interview

Thank you for considering Nationwide YourLife CareMatters® for your long-term care and life insurance coverage needs. Now that you've met with your life insurance professional, an interviewer will contact you. They 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 save you time and hassle to have the information you need for the interview right at your fingertips.

Helpful tips about what to expect:

- The phone interview usually takes about an hour, but it can run longer, depending on your specific history
- A cognitive assessment may also be included; although such an assessment is common for ages 61 and older, it could be requested at any age, depending on our findings, and though no preparation is needed ahead of time, you can expect the interview to last 15 to 20 minutes longer. All exercises in the cognitive assessment must be completed without the assistance of another person, pen and paper, or any other device.
- The interview should be completed at a time and location where you can be focused and free from distraction; you may want to choose somewhere private to complete the interview because of the personal nature of the information being discussed; the interview must be completed in English without the assistance of an interpreter, cannot be completed on speakerphone, and no one else should be present during the interview
- The interviewer will ask you questions about your medical and prescription history; your citizenship/immigration status; activities of daily living; occupation, driving history, hobbies, sports and travel; alcohol and tobacco use; and verification of your Social Security number
- Nationwide will need to verify your prescription information, so please be prepared to provide the most accurate information available
- Once the phone interview is completed, you'll be asked to provide a voice signature to confirm the accuracy of all the information you provided

Social Security number	Driver's license number

Physician details

Name	Phone number	Address

• Not a deposit • Not FDIC or NCUSIF insured • Not guaranteed by the institution • Not insured by any federal government agency • May lose value

Medications

Please be prepared to list all prescription medications that you're currently taking and those that you've been prescribed, have taken or been given in the past three years, along with the names of the prescribing doctors. Also list any **over-the-counter medications, aspirin or supplements** you've taken for two or more weeks at a time within the past 12 months.

Medication name	Dosage	When started	Currently taking	Reason for taking	Physician
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		

Activities of daily living

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

☐ Bathing	☐ Meal preparation	☐ Toileting
☐ Bowel or bladder control	☐ Managing your finances	☐ Use of transportation
☐ Cleaning	☐ Moving in or out of a chair or bed	☐ Telephone use
☐ Dressing	☐ Shopping	☐ Walking
☐ Eating	☐ Taking or managing your medications	

Recreational activities, volunteer work and exercise regimens

Provide details of potentially hazardous activities for discussion.

Social history

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

In the past 12 months? ☐ Yes ☐ No	In the past 36 months? ☐ Yes ☐ No

If "yes", please specify the type (select all that apply):

☐ Cigarettes/E-Cigarettes ☐ Cigars ☐ Vapes ☐ Pipes ☐ Hookah ☐ Marijuana ☐ Nicotine products (gum, patch, etc.)
☐ Other tobacco products

Amount and frequency: past 12 months: _____ past 36 months: _____

Date tobacco or nicotine product was last used: ____ /____ /_____ (mm/dd/yyyy)

Social history (continued)

Do you consume alcoholic beverages? ☐ Yes ☐ No

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

Date alcohol last used: _____ /_____ /_____ (mm/dd/yyyy)

Medical history

Please list all medical conditions (past and current) with which you've been diagnosed. 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 _____ If prostate cancer, provide stage, Gleason Score, and date and result of last PSA test. _____ If breast cancer, provide the type of breast cancer, stage, and date and result of last mammogram. _____ 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? ☐ Eye problems or retinopathy ☐ Foot sores or ulcers ☐ Amputations ☐ Kidney problems or nephropathy ☐ Neuropathy Do you check your blood sugar levels? ☐ Yes ☐ No Date last checked ____/____/_____ (mm/dd/yyyy) Average reading _____ Have you had a hemoglobin A1C test (HgA1C)? ☐ Yes ☐ No If yes, date of last test ____/____/_____ (mm/dd/yyyy) Results _____

Medical history (continued)

Heart disease/ heart attack	Date of last occurrence _____/_____/_____ (mm/dd/yyyy) Have you had any procedures or surgeries? ☐ Yes ☐ No (if yes): If yes, please specify the type — bypass (include how many vessels), angioplasty, stent placement, etc.: _____ Date completed _____ /_____ /_____ (mm/dd/yyyy) Facility/physician name, city and state: _____ If you have had more than one instance, please be prepared with the details of that as well.
High blood pressure	How often is your blood pressure taken? _____ Who takes your blood pressure readings? _____ **Results/readings:** Date of last blood pressure reading _____ /_____ /_____ (mm/dd/yyyy) Results of the last blood pressure reading _____ Average readings _____
Osteopenia/ Osteoporosis	Date of diagnosis _____/_____/_____ (mm/dd/yyyy) Treatment: _____ Last bone density test results: _____ Date completed _____/_____/_____ (mm/dd/yyyy) Details for any fractures _____

Application history

Please list all life, long-term care and/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. Again, thank you 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.

The insurance professional or company may contact you in response to your request for additional information.

The information contained herein was prepared to support the promotion, marketing and/or sale of life insurance contracts, annuity contracts and/or other products and services provided by Nationwide Life Insurance Company.

Products are issued by Nationwide Life Insurance Company, Columbus, Ohio.

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