

Prescreening your client

Prescreening may help you decide whether to submit a CareMatters II, YourLife CareMatters (NY) or CareMatters TogetherSM application for consideration. To get started, follow these steps:

- Step
1

Review our [Prequalification guide](#).
- Step
2

Review the checklist below
- Step
3

Request the prescreen:

 - Contact an underwriter at 1-855-381-5729 (available 8 a.m. to 4:30 p.m. ET)
 - Select the appropriate email address based on the product
 - Single-life policies (CareMatters II, YourLife CareMatters): CareMattersScreen@nationwide.com
Include only one proposed insured per email.
 - Joint-life policies (CareMatters Together): CMTogetherScreen@nationwide.com
Prescreen the life or lives with a history of concern as appropriate. If two lives are being submitted, reference as Life #1 and Life #2 and provide the checklist details respectively for each.

Note: An authorization to submit an application is not a guarantee of approval. A final decision will not be made until review of the application and all underwriting requirements.

Prescreen checklist

Please provide the following information in your communication.

Demographic information

- Age
- Sex
- Height
- Weight
- Current Smoker
- Tobacco, nicotine, marijuana or vaping
 - Current use
 - Discontinued use (include date last used)

Client-specific diagnosis/medical conditions

Include for each diagnosis of a condition:

- Name
- Date of diagnosis
- Current medications
- Treatments such as injections, physical therapy, surgeries, etc., and any hospitalizations

Hospitalizations and surgery

If any hospitalizations within the past 12 months that are not related to the condition/impairment being prescreened, provide details:

- Date
- Length of hospitalization
- Reason for the hospitalization, etc.

If any surgeries in the past 24 months that are not related to the condition/impairment being prescreened, provide details:

- Date
- Type of surgery
- Reason for the surgery

(Typically, if surgery is pending, consideration cannot be given until after the surgery is complete, with the applicant fully recovered and released from the doctor's care.)

Prescreen checklist (continued)

Additional considerations

Please provide any additional details needed for a thorough assessment of specific histories. Examples include:

- Cancer — provide the full and specific staging details
- Prostate cancer — provide the stage, Gleason score, date and result of the most recent PSA test
- Breast cancer — provide the specific type of breast cancer, stage, any nodal involvement, date and result of the most recent mammogram
- Diabetes — always obtain the most recent hemoglobin A1C result
- Assistive devices — always report their use and include related details (e.g., pacemaker, ICD, mobility devices)
- Currently receiving or have received in the past 24 months any type of disability or worker's compensation payments

Activities of Daily Living

Provide details if they are currently or in the past 24 months were in need of assistance or supervision with:

- Bathing
- Bowel or bladder control
- Dressing
- Eating
- Moving into or out of a chair or bed
- Taking medications (including setup of medications)
- Toileting
- Walking

Turnaround time

If completed by email, you will receive a response 1 business day after your email is received.

Reminders:

- Please do not send duplicate requests as this could cause delays.
- For single-life policies, please submit only 1 proposed insured per email.
- For joint-life policies, you can submit just one proposed insured or both for review. Please include both in a single email and describe each separately and label as "Life #1" and "Life #2".
- We are not able to speak directly to proposed insureds.
- If the proposed insured is currently being evaluated for an undiagnosed medical condition or has any outstanding tests, lab work, follow-ups or referrals pending, please postpone the prescreen submission until all evaluations have been completed.
- Please remove all personal identifiers (e.g., name, Social Security number, date of birth, address, phone number) from any documentation included or attached to your email.
- If our prescreen reply indicates "OK to submit an application," please provide a copy of the full prescreen email with the application submission. If the prescreen was completed by telephone, please indicate the prescreen confirmation number provided in the Special Instructions of Part I of the CareMatters application.

Product availability will vary by state. Some products or riders might not be available with your firm or broker/dealer.

Please consult with your distribution partner for more details.



FOR FINANCIAL PROFESSIONAL USE — NOT FOR DISTRIBUTION TO THE PUBLIC

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

This is a life insurance policy with a rider that accelerates the death benefit for qualified long-term care services. This is not a health insurance policy and is not subject to the minimum requirements of New York Law pertaining to Long-Term Care Insurance, does not qualify for the New York State Long Term Care Partnership Program and is not a Medicare supplement policy. The policy is intended to be a qualified long-term care insurance contract for federal tax law only. Receipt of the accelerated benefits may affect eligibility for public assistance programs and may be taxable.

Guarantees and protections are subject to the claims-paying ability of the issuing insurance company.

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

Nationwide, the Nationwide N and Eagle, Nationwide is on your side and Nationwide CareMatters are service marks of Nationwide Mutual Insurance Company.

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