



ManhattanLifeTM

Standing By You. Since 1850.

OmniFlexTM Short-Term Care Health Prescreen Form

Questions: 800.842.7799

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

MANHATTANLIFE UNDERWRITING:

OmniFlexTM PreQualification Team: 800-672-4535, Opt. 9, then Opt. 2

- 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



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