



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 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