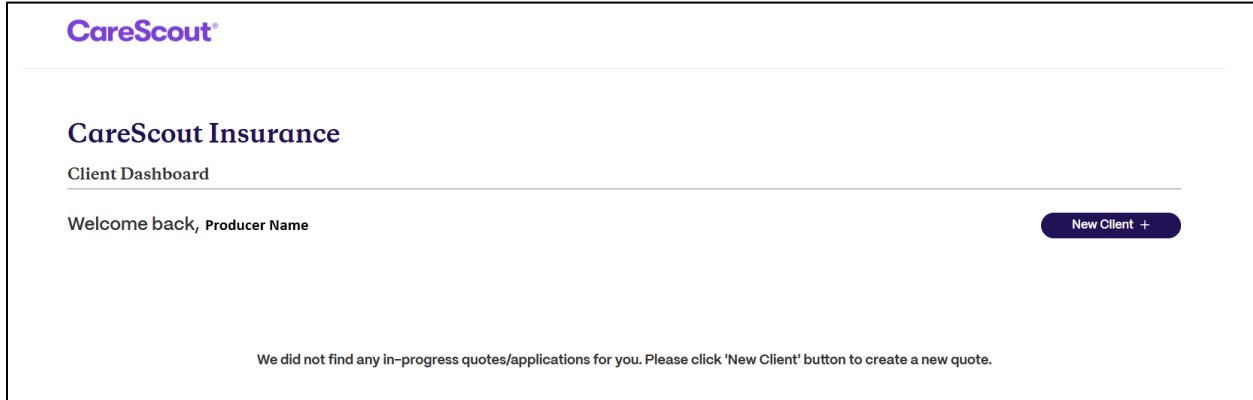


CareScout®

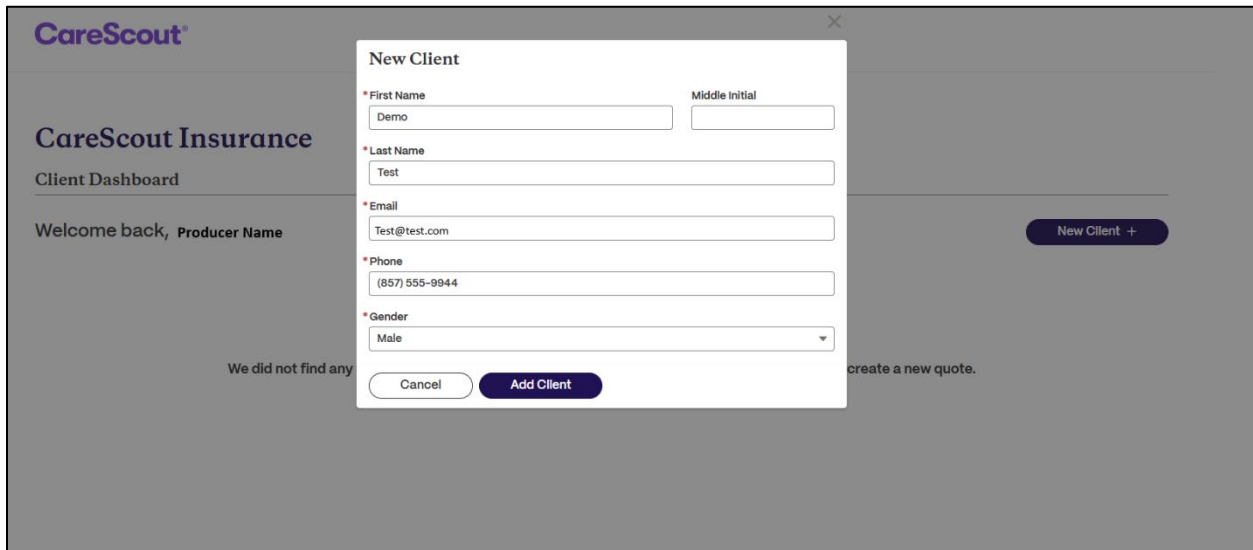
This training document provides detailed step-by-step instructions for using the CareScout Insurance Company eApplication platform including adding new clients, running quotes, completing applications, and managing consent and signatures.

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1. Locate and click the “New Client+” button in your CareScout eApp.

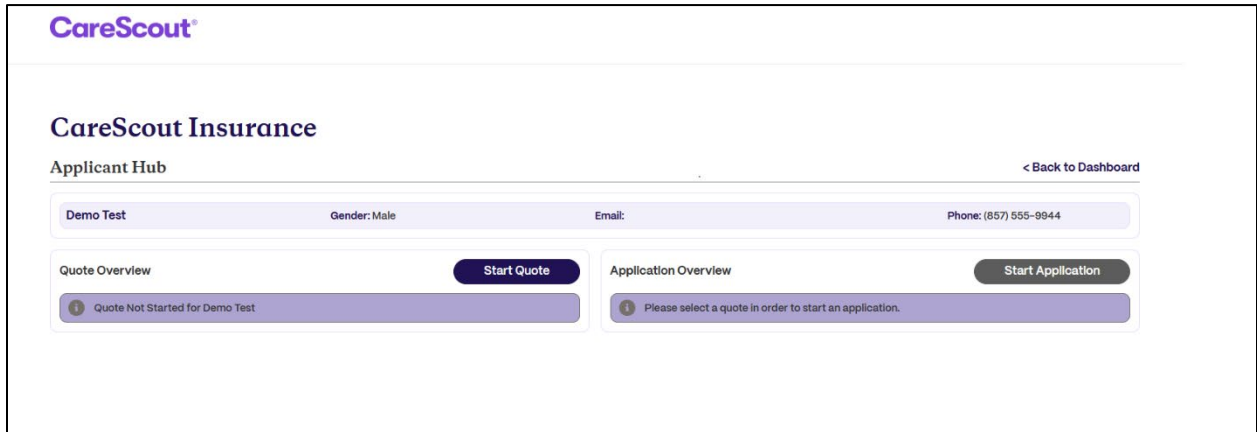


2. Enter the following information: First Name, Last Name, Phone, Email, and Gender. After entering these details, select “Add Client” to proceed. If you selected this option by mistake, simply choose “Cancel” to exit without saving changes.

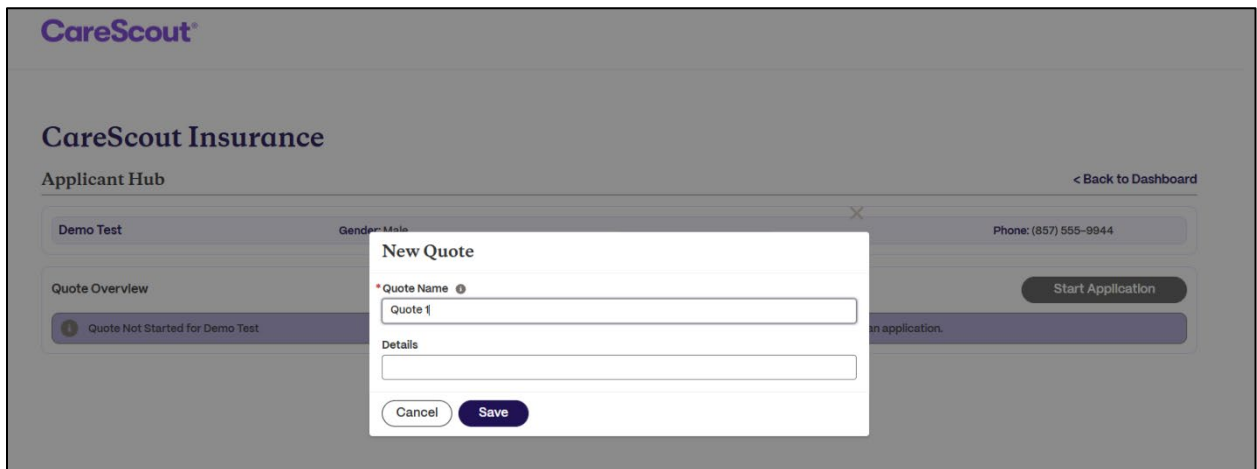


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- This is Applicant Hub. You will see the name, gender, email, and phone number that you entered earlier. Select “Start Quote” to initiate a popup view that allows you to run your initial quote.



- On the next screen, you will be prompted to enter the Quote Name and optional Details. Please note that the Quote Name field is required, while entering Details is optional.



5. This is the first page of the Producer and Applicant Details section. Here, you'll find required fields such as email, the Producer's name, and all CareScout writing codes, which are available in the Writing Producer Details area.
 - a. If your Producer writing code is not in the dropdown, you can select "Other," which will prompt a new field where you can enter the Producer SSN Last 4 Digits, Tax ID, or Producer ID. This flexibility ensures you're able to submit applications even as you're establishing your relationship with CareScout Insurance Company.
 - b. Please enter the applicant's details below. Once you select "Next," your client will receive an email with a request to agree to a consent to receive documents electronically, an "eConsent."

eConsent: When applying for a long-term care insurance policy, there are required documents that must be provided to the client prior to beginning the application process. Specifically, the documents required are the Outline of Coverage and the NAIC Buyer's Guide which are contained in the Take Home Packet. To receive these documents electronically instead of by paper, the client needs to agree to an electronic consent that provides them with information regarding the electronic delivery. This eConsent is necessary prior to proceeding with filling out the application information in the eApp tool. **IMPORTANT:** The client is not required to agree to the eConsent to receive one or more personalized illustrations or to review a quote. See Appendix I for eConsent FAQs for additional information.

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6. This is the Product Selection Screen. Please note that, due to the system configuration for this product offering, a product has already been selected. You can now discuss the product features with your client. When ready, click “Next” to proceed. If you need to review or change the product details, select “Back” to return to the Care Assurance CareScout Product Details screen. The product should already be selected there, allowing you to review the features with your client. To go back and edit the Producer and Application Details, either click the “Back” button or use the “Producer and Applicant Details” link.

CareScout

Quote Navigation

- ✓ [Producer and Applicant Details](#)
- [Product Selection](#)**
- [Coverage Selection](#)
- [Review Illustration](#)

CareScout Insurance

Information will save as you go

Reference Code: 1UOBUM

Product Selection

Select Your Product

✓ Care Assurance CareScout

Product Description
A personalized long-term care insurance solution with simplified design for simplified choices.

Product Features

- **Issue ages**
Ages 40-85 (age last birthday)
- **Underwriting classes**
Standard or preferred (subject to medical underwriting)
- **Total benefit options**
\$50,000 | \$100,000 | \$150,000 | \$200,000 | \$250,000
- **Daily benefit maximum options**
\$50 | \$100 | \$150 | \$200
- **Reimbursement**
- **Inflation Protection**
None | 1% compound | 3% compound | 5% compound
Applies to total benefit and daily benefit maximum
- **Deductible Period**
90 Day | 180 Day
0-day Home Care is available through an optional waiver
- **Premium options**
Annually | Semiannually | Quarterly | Monthly
- **Couples rate**
Single | Married 1-Buy | Married 2-Buy

Selected

Back Next

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7. This is the Coverage Selection screen. Here, you can enter the client's preferences regarding coverage options. Once all required information is entered, click “Calculate Premium” to generate a quote. If you need to start over or correct any mistakes, you can select “Reset Section” at any time. When the client is satisfied with the quote, click Next” to proceed. To return to the Product Selection screen, select “Back.”

CareScout

Quote Navigation

- ✓ [Producer and Applicant Details](#)
- ✓ [Product Selection](#)
- 1 [Coverage Selection](#)**
- [Review Illustration](#)

CareScout Insurance

Information will save as you go

Reference Code: 1UOBUM

Coverage Selection

Demo Test

Benefit Amount Options

- * Coverage Maximum (Enter an amount in \$50,000 increments) \$150,000
- * Daily Benefit Amount (Enter an amount in \$50 increments) \$100

Deductible Period Options

- * Deductible Period
- 90 Days
- 180 Days

Inflation Protection Options

- * Inflation Protection/Benefit Increases
- 1% Compound
- 3% Compound
- 5% Compound
- No Increase

Rejection of 5% compound Inflation Protection

- I have reviewed the outline of coverage (or disclosure form) and the graphs that compare the benefits and premiums of this policy with and without inflation protection. Specifically, I have reviewed plans with and without inflation protection, and I reject inflation protection of 5% Compound inflation protection.

Additional Options

- * 1st-Day Home Care (Waiver of Home and Community Care Deductible Period)
- Yes
- No
- * Nonforfeiture Benefit
- Yes (Accept)
- No (Decline)
- * Underwriting Category
- Preferred
- Standard

Premium Payment

- * Premium Payment Mode
- Semi-Annual

Calculate Premium

Based on your selections, the premium option would be:

\$877.40
Per Six Months

\$150,000
Maximum Coverage

*Make changes to your selections to see different premium/coverage options.

Reset Selection

Back **Next**

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8. On this page, you can review and update the client's email address if needed, send the illustration to the client, view the status of their eConsent, and resend the eConsent email if necessary.

CareScout

Quote Navigation

- ✓ [Producer and Applicant Details](#)
- ✓ [Product Selection](#)
- ✓ [Coverage Selection](#)
- 1 [Review Illustration](#)

CareScout Insurance Information will save as you go

Reference Code: IUOBUM

Review Illustration

Email Verification

Please validate your client's email address below. This email address will be used to deliver the documents.

Demo Test's Email Address

[Update](#)

Illustration Options

Base Illustration [Download Illustration PDF](#)

Email Illustrations to applicant(s) [Email to Demo](#)

Send Take Home Packet to Demo Test

[Check status of eConsent](#)

If applicant has completed the eConsent, the Take Home Packet has already been emailed to them. If needed, you can resend by clicking the "Email Take Home Packet" button below.

Friendly reminder: Applicant still needs to agree to eConsent. Once complete, refresh this page to check the status. If needed, you can also resend the eConsent by clicking the button below.

The Take Home Packet includes:

- Outline of Coverage
- NAIC's Buyer's Guide
- Things You Should Know
- Notice of Information Practices
- State Notice, if applicable
- Partnership Disclosures, if applicable

[View Take Home Packet](#)

[Email Take Home Packet to Demo](#)

[Resend eConsent to Demo](#)

[Back](#) [Go to Applicant Hub](#)

9. Here is the eConsent email copy that the client receives. The client must select “I Agree” to give their consent before you can proceed with the application. Once they agree, the system will automatically send the Take Home Packet via email, which the client can access at any time. The Take Home Packet includes the Suitability Statement, Notice of Information Practices, Notice to Proposed Insured Producer Compensation, Partnership Notice, Outline of Coverage, A Shopper's Guide to Long-Term Care Insurance, and any required State Notice.

<p>CareScout CareScout Insurance Company</p> <p>Administrative Office 3100 Albert Landford Drive Lynchburg, VA 24501 Tel: 833 796 8030 care scout.com</p>	<p>Voluntary Consent to Receive Documents Electronically from CareScout Insurance Company State of Domicile: Virginia</p>
<p>Demo Test</p> <p>Definitions</p> <p>"Communications" means written records required to be given or mailed to you by CareScout, as long as the law permits that record to be sent electronically. Such documents may include, but are not limited to, required documents during the application process, your policy or contract, policy/contract endorsements, statements, premium notifications, confirmation notices, privacy policy, and all other notices regarding your policy or contract.</p> <p>"MyCareScout" means www.CareScout.com where your CareScout-related records may be posted and stored.</p> <p>"CareScout" or "us" "we" or "our" refers to CareScout Insurance Company, domiciled in Virginia.</p> <p>"You" or "your" means the person or entity, including to the extent applicable, your authorized representative, who has the appropriate authority to receive Communications.</p> <p>Electronic Delivery of Communications</p> <p>Please read this Consent carefully before you agree. Your consent to receiving electronic documents, the "Communications," is voluntary. By signing electronically where indicated, you are agreeing to receive Communications electronically as part of your transactions with us. You are also agreeing to the use of electronic signatures in your transactions with us. You agree that you have the ability to view and save Communications through electronic means.</p> <p>We may always, at our option, choose to deliver Communications to you on paper.</p> <p>Hardware/Software Requirements. To access and retain electronic Communications you need (1) a computer or mobile device with access to the Internet and an up-to-date version of a web browser we support; (2) the ability to download or print Communications; (3) an active email address; and (4) a current version of a PDF reader (Adobe's Acrobat Reader software can be downloaded for free at the Adobe site). If you plan to access electronic Communications on a personal mobile or handheld device, you will need the device and a service plan that enables you to view such messages. You may also need a specific software application installed for your particular mobile or handheld device.</p> <p>If we change the hardware or software requirements described above, and that change creates a material risk that you would not be able to access or retain your electronic Communications, we will notify you of the revised hardware or software requirements and you will have an opportunity to return to paper delivery.</p> <p>Communications You Agree to Receive Electronically</p> <p>This Consent applies to Communications we are required to provide to you regarding any insurance you have with us, may have with us in the future and may apply for with us in the future. For some information, we may still elect to send it to you in writing to your postal address.</p> <p>Updating Your Contact Information. You must promptly notify us of any change in your email or other electronic address. You may update your contact information for electronic delivery of Communications by accessing and updating your profile on MyCareScout, by calling CareScout at 833 796 8030, or by emailing contactus@care scout.com.</p> <p>Your Right to Paper. You may annually request a free paper copy of a document that we delivered electronically at any time by using the Contact Us feature on MyCareScout or by calling CareScout at 833 796 8030.</p> <p>Cancelling Electronic Delivery. If you do not want to continue receiving electronic Communications, you may withdraw your consent at any time by notifying us on MyCareScout or by calling CareScout at 833 796 8030. Your withdrawal of consent will be effective after we have a reasonable period of time to process your withdrawal, which may take up to seven days. We will not impose any fee when you withdraw your consent.</p> <p>Delivery Process. We will deliver electronic Communications by posting them on MyCareScout or by sending them by email. If you choose to receive Communications electronically through MyCareScout, please login to www.CareScout.com and check the delivery of new Communications once you receive an email alert from us.</p> <p>You should open and read your Communications to ensure you understand them and promptly notify CareScout at MyCareScout or by calling 833 796 8030 if any Communications are not accessible, incomplete, or unreadable.</p> <p>CareScout's Contact Information</p> <p>You can contact CareScout as follows to communicate any changes or requests to your electronic consent:</p> <p>3100 Albert Landford Drive Lynchburg, VA 24501 Tel: 833 796 8030 care scout.com contactus@care scout.com</p> <p>Agreement and Consent. You hereby agree that you have carefully read this Consent and accept it voluntarily and with full knowledge and understanding of its terms and conditions.</p> <p>CS368901 01/29/25 06/01/25</p> <p style="text-align: center;"><input type="button" value="I Agree"/></p>	

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10. Additionally, this page allows you to view the Take Home Packet and send it to the client if the system failed to deliver it or if the client cannot find it in their email. Please note that the Take Home Packet link will only be enabled once the client has provided their eConsent. Select “Go to Application Hub” to return to the Application Hub, where you can generate additional quotes or continue with the application process once the client has agreed to the quote and provided eConsent.

CareScout

CareScout Insurance Information will save as you go

Review Illustration Reference Code: 1UOBUM

Quote Navigation

- ✓ [Producer and Applicant Details](#)
- ✓ [Product Selection](#)
- ✓ [Coverage Selection](#)
- 1 [Review Illustration](#)

Email Verification

Please validate your client's email address below. This email address will be used to deliver the documents.

Demo Test's Email Address

Update

Illustration Options

Base Illustration **Download Illustration PDF**

Email Illustrations to applicant(s) **Email to Demo**

Send Take Home Packet to Demo Test **Check status of eConsent**

If applicant has completed the eConsent, the Take Home Packet has already been emailed to them. If needed, you can resend by clicking the "Email Take Home Packet" button below.

✓ **Demo Test has agreed to the eConsent.**

The Take Home Packet includes:

- Outline of Coverage
- NAIC's Buyer's Guide
- Things You Should Know
- Notice of Information Practices
- State Notice, if applicable
- Partnership Disclosures, if applicable

View Take Home Packet

Email Take Home Packet to Demo

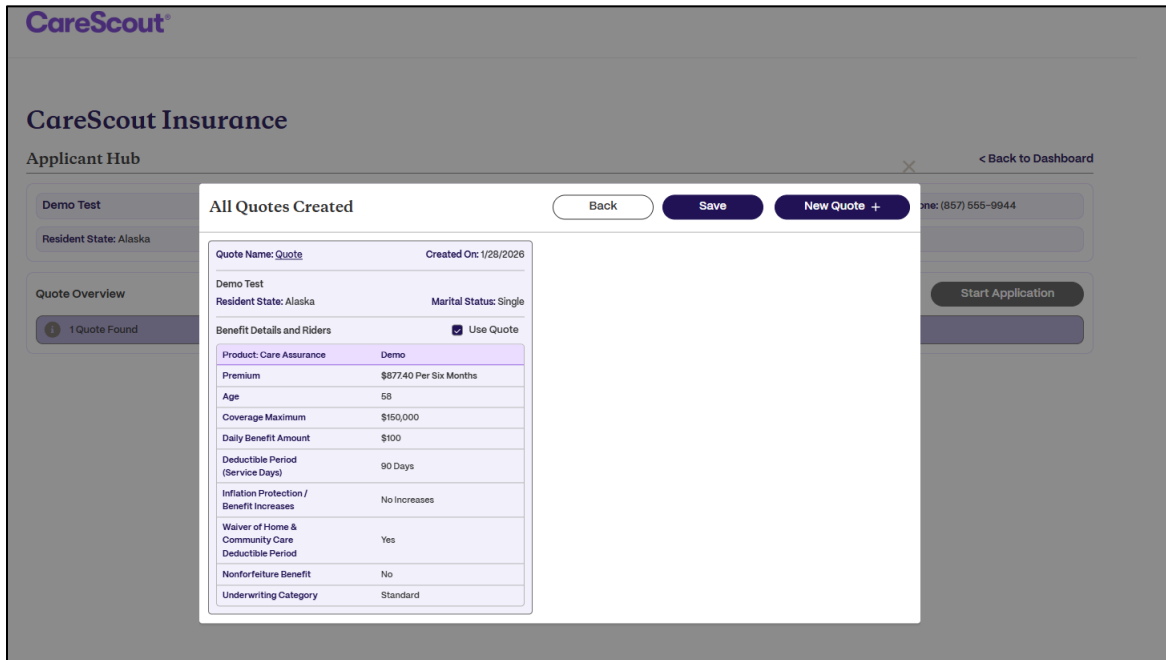
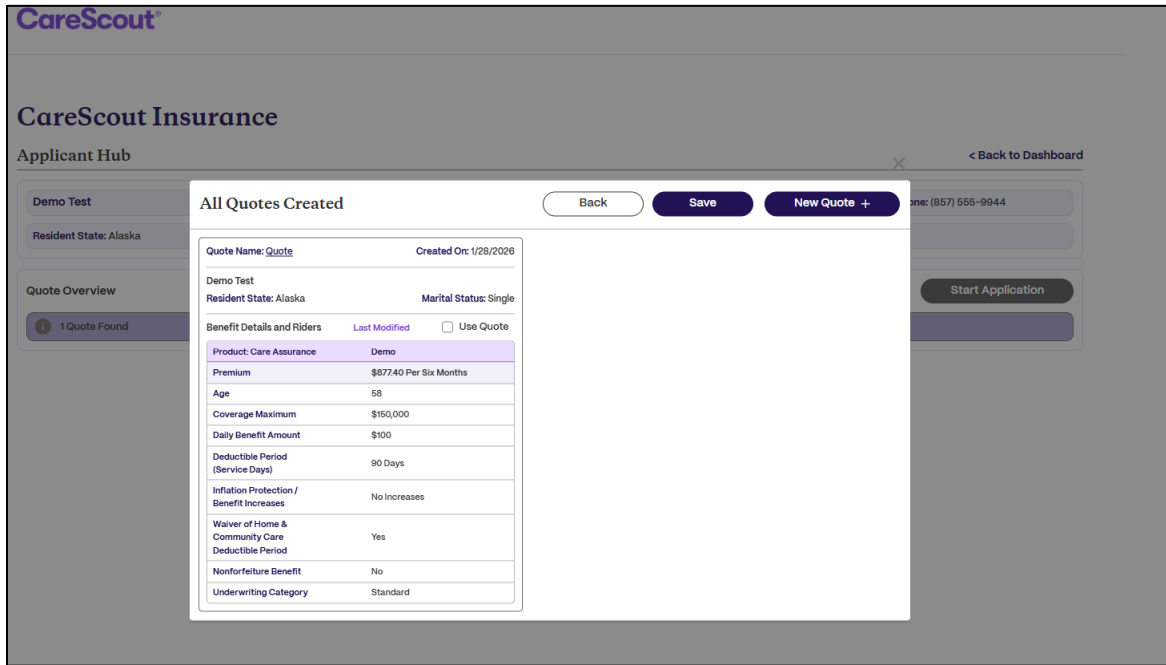
Resend eConsent to Demo

Back **Go to Applicant Hub**

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11. If you have previously run a quote, this screen will appear as a popup displaying your existing quote. You will have options to add a new quote, return to the Application Hub, or save your current selection.

- a. To proceed with a specific quote, select the “Use Quote” checkbox next to it. Once a quote is selected, the checkbox will change from white to light purple, indicating your choice.



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12. Once you have selected a quote and the client has provided their eConsent, the system will display the chosen quote and enable the “Start Application” option.
 - a. At any time, the agent can return to “View Quotes” to run additional quotes or select another quote to transfer to the application process.
 - b. Please note that some parts of the application are already in progress, as information has been transferred from the selected quote to the application.

CareScout Insurance

Applicant Hub < Back to Dashboard

Demo Test Gender: Male Email: Phone: (857) 555-9944

Resident State: Alaska Marital Status: Single

Quote Overview View Quotes

Selected Quote: Quote

Product: Care Assurance	Demo
Premium	\$877.40 Per Six Months
Age	58
Coverage Maximum	\$150,000
Daily Benefit Amount	\$100
Deductible Period (Service Days)	90 Days
Inflation Protection / Benefit Increases	No Increases
Waiver of Home & Community Care Deductible Period	Yes
Nonforfeiture Benefit	No
Underwriting Category	Standard

Application Overview Start Application

Application Status: In Progress

- Client Profile Information In Progress
- Insurability Profile Not Started
- General Medical History Not Started
- Worker's Compensation Not Started
- Disability Income Not Started
- Social History Not Started
- Family History Not Started
- Personal Worksheet In Progress
- Coverage and Replacements Not Started
- Unintentional Lapse Not Started
- Applicant Disclosures Not Started
- Payment Information Not Started
- Application Review Not Started
- Commission Split Not Started
- Submit for eSignatures Not Started

13. This is the first page of the client profile information in the eApp. The Age field is locked and cannot be edited here because it was used in the quote and illustration. If you need to update the age, go back to the quote, make the necessary changes, and select the quote again to send the updated information to the application.
- Once ready, click “Next” to proceed to the second page of the application. To return to the Application Hub, select “Back.”

CareScout

CareScout Insurance Information will save as you go

Client Profile Information Reference Code: IUOBUM

Application Navigation

- Client Profile Information
- Insurability Profile
- Medical Questions
 - General
 - Worker's Compensation
 - Disability Income
 - Social History
 - Family History
- Personal Worksheet
- Coverage and Replacement
- Unintentional Lapse
- Applicant Disclosures
- Payment Information
- Application Review
- Commission Split
- Submit for eSignatures

Details from Quote

Marital Status: Single Resident State: Alaska [AK]

Demo Test

Prefix
Select an Option

* First Name: Demo Middle Initial: Middle Initial * Last Name: Test

Suffix
Select an Option

* Date of Birth: Jan 22, 1967 Age: 58 Valid Issue Age is 40 - 65 * Gender: Male Female

* Birthplace
Select an Option

* State ID/Driver's License Number: State ID/Driver's License Number * State of Issue: Select an Option * Social Security/Tax ID Number: 999-99-9999 or 99-999999

Resident Address

* Resident Address Line 1: Address Line 1 Resident Address Line 2: Address Line 2

* Resident City: Resident City * Resident State/Province: Alaska [AK] * Resident Zip/Postal Code: Resident Zip/Postal Code

Mailing Address same as Resident Address

Mailing Address

* Address Line 1: Address Line 1 Address Line 2: Address Line 2

* City: City * State/Province: State/Province * Zip/Postal Code: Zip/Postal Code

* Email: chipatel87@gmail.com * Phone: (857) 555-9944 Cell Phone? Best Time To Call: HH: MM: AM/PM

14. This is the second page of the eApp, the Insurability Profile. Based on the answers provided, the system will use reflexive field technology to display additional questions as needed. This design ensures that you only fill out the information relevant to your client, making the process more efficient and tailored to their specific situation.

- a. Once ready, click “Next” to proceed to the medical questions section of the eApp. To return to the previous page, select “Back.”
- b. Note: The system will notify the agent if a client would not be insurable based on the answers to the questions in this section. However, the system will not prevent the agent from completing the application—this information is intended to be communicated to the client.

Application Navigation

- Client Profile Information
- Insurability Profile**
- Medical Questions
 - General
 - Worker's Compensation
 - Disability Income
 - Social History
 - Family History
 - Personal Worksheet
 - Coverage and Replacement
 - Unintentional Lapse
 - Applicant Disclosures
 - Payment Information
 - Application Review
 - Commission Split
 - Submit for eSignatures

CareScout Insurance

Insurability Profile Reference Code: IUOBUM

Information will save as you go

Demo Test

* Within the past 3 years, have you received Social Security Disability insurance benefits?

Yes
 No

* Do you use any of the following?

Walker
 Motorized Scooter
 Stair Lift
 Wheelchair
 Quad Cane
 Hospital Bed
 Hoyer Lift
 Respirator
 Kidney Dialysis
 Oxygen (not supplemental use with CPAP or BIPAP for sleep apnea)
 None Apply

* Do you need any assistance or supervision in performing any of the following activities of daily living (ADL's)?

Moving in/out of bed or chair
 Bathing
 Dressing
 Eating
 Toileting
 Bowel/bladder Control
 Walking
 None Apply

* Do you currently use, or have you been advised by a member of the medical profession to use home care or an adult day care facility?

Yes
 No

* Do you currently reside in, have you been advised by a member of the medical profession to enter or are you planning to enter any of the following: nursing home, assisted living facility, or any other custodial or long-term care facility?

Yes
 No

* Have you ever been diagnosed or advised by a member of the medical profession as having, or in the past 5 years been treated for any of the following conditions:

Alzheimer's Disease
 Dementia, Senility
 Schizophrenia or other forms of Psychosis
 Amyotrophic Lateral Sclerosis (ALS, also called Lou Gehrig's Disease)
 Multiple Sclerosis (MS)
 Muscular Dystrophy
 Huntington's Disease
 Parkinson's Disease
 Diabetes Type 1
 Diabetes Type 2 with any history of Transient Ischemic Attack (TIA), Heart Attack, Bypass/ Angioplasty/Stent surgery of the heart or legs, or Carotid Artery surgery

TIA within the past 5 years
 TIA two or more times
 TIA in combination with Heart Disease or Heart Surgery
 Stroke
 Organ Transplant (other than Kidney, Cornea or Bone Marrow Transplant)
 Cystic Fibrosis
 None Apply

* In the past 4 years have you had treatment for, been diagnosed or advised by a member of the medical profession as having cancer of the:

Brain
 Esophagus
 Liver
 Pancreas
 Stomach
 None Apply

Back
Next

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16. This is the worker's compensation section of the eApp. Selecting “Yes” will display an “Add +” button, allowing agents to include details such as Compensation Description, From Date, and To Date.
- Once the information is added, the agent can also edit or delete the entries as needed, ensuring the details remain accurate and up-to-date.
 - To proceed, click “Next” to continue to the Disability Income section, or select “Back” to return to the General Medical Questions section.

The screenshot shows the CareScout Insurance application interface. On the left is an 'Application Navigation' menu with items: Client Profile Information (checked), Insurability Profile (checked), Medical Questions (expanded), General (checked), Worker's Compensation (highlighted), Disability Income, Social History, Family History, Personal Worksheet, Coverage and Replacement, Unintentional Lapse, Applicant Disclosures, Payment Information, Application Review, Commission Split, and Submit for eSignatures. The main content area is titled 'CareScout Insurance' and 'Worker's Compensation'. It includes a 'Demo Test' section with a question: '* Have you ever requested or received Worker's Compensation in the last 5 years?'. The 'Yes' radio button is selected. Below the question is a section for '* Details of Worker's Compensation' with an 'Add +' button. At the top right, there is a save notification and a 'Reference Code: 1UOBUM'. At the bottom right, there are 'Back' and 'Next' buttons.

17. This is the disability income section of the eApp. Selecting “Yes” will display an “Add +” button, allowing agents to include details such as Income Description, From Date, and To Date.
- Once the information is added, the agent can also edit or delete the entries as needed, ensuring the details remain accurate and up to date.
 - To proceed, click “Next” to continue to the next section, or select “Back” to return to the previous section.

The screenshot displays the CareScout Insurance application interface. On the left is an 'Application Navigation' menu with items like 'Client Profile Information', 'Insurability Profile', 'Medical Questions', 'Disability Income', 'Social History', 'Family History', 'Personal Worksheet', 'Coverage and Replacement', 'Unintentional Lapse', 'Applicant Disclosures', 'Payment Information', 'Application Review', 'Commission Split', and 'Submit for eSignatures'. The main area is titled 'CareScout Insurance' and 'Disability Income'. A 'Demo Test' section asks 'Have you ever requested or received Other Disability Income in the last 5 years?' with 'Yes' selected. Below this is a 'Details of Disability Income' section with an 'Add +' button. A table shows one entry: 'Disability Income 1' with 'Description of Disability: Demo', 'From Date: 01/01/2026', and 'To Date: 01/02/2026'. 'Edit' and 'Delete' buttons are next to the entry. At the bottom right are 'Back' and 'Next' buttons. A 'Reference Code: 1UOBUM' is shown in the top right.

18. This is the social history section of the eApp. Based on the answers provided, the system will use reflexive field technology to display additional questions as needed. This design ensures that you only fill out the information relevant to your client, making the process more efficient and tailored to their specific situation.
- To proceed, click “Next” to continue to the next section, or select “Back” to return to the previous section.

CareScout

Application Navigation

- Client Profile Information
- Insurability Profile
- Medical Questions
 - General
 - Worker's Compensation
 - Disability Income
 - Social History**
 - Family History
- Personal Worksheet
- Coverage and Replacement
- Unintentional Lapse
- Applicant Disclosures
- Payment Information
- Application Review
- Commission Split
- Submit for eSignatures

CareScout Insurance

Information will save as you go

Reference Code: 1UOBUM

Social History

Demo Test

* Have you ever used tobacco or any other product that contains nicotine, such as cigarettes, e-cigarettes, occasional cigarette, cigars, celebratory cigar, chewing tobacco, pipe, electronic vapor device, nicotine patch or nicotine gum?

Yes
 No

* Do you drink alcohol?

Yes
 No

* Have you ever been advised by a member of the medical profession to reduce or quit alcohol use?

Yes
 No

* Have you received or been advised by a member of the medical profession to receive Alcohol Counseling Treatment?

Yes
 No

* Other than as prescribed by a physician, have you ever used marijuana, narcotics, stimulants, sedatives, hallucinogens, or any prescription drugs?

Yes
 No

* Within the last 5 years, have you received medical advice, been diagnosed, examined or treated by a member of the medical profession for alcoholism or drug use?

Yes
 No

* Are you currently employed full time or part time?

Yes
 No

* Do you have any hobbies, interests or participate in any activities outside of your home, including volunteer work?

Yes
 No

* Do you drive an automobile?

Yes
 No

* Do you live in some form of a retirement community?

Yes
 No

Back Next

19. This is the family history section of the eApp. Based on the answers provided, the system will use reflexive field technology to display additional questions as needed. This design ensures that you only fill out the information relevant to your client, making the process more efficient and tailored to their specific situation.

- a. To proceed, click “Next” to continue to the next section, or select “Back” to return to the previous section.

CareScout

CareScout Insurance

Information will save as you go

Reference Code: 1UOBUM

Application Navigation

- Client Profile Information
- Insurability Profile
- Medical Questions
 - General
 - Worker's Compensation
 - Disability Income
 - Social History
 - Family History**
 - Personal Worksheet
 - Coverage and Replacement
 - Unintentional Lapse
 - Applicant Disclosures
 - Payment Information
 - Application Review
 - Commission Split
 - Submit for eSignatures

Family History

Demo Test

Father	Mother
<p>* Is your biological father living?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>* Age</p> <input type="text"/>	<p>* Is your biological mother living?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>* Age</p> <input type="text"/>
<p>To the best of your knowledge, has your biological father ever been diagnosed or treated by a member of the medical profession for:</p> <p>* Alzheimer's Disease or any other form of dementia?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unknown</p> <p>* Huntington's Disease?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unknown</p>	<p>To the best of your knowledge, has your biological mother ever been diagnosed or treated by a member of the medical profession for:</p> <p>* Alzheimer's Disease or any other form of dementia?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unknown</p> <p>* Huntington's Disease?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unknown</p>

Back Next

20. This is the personal worksheet section of the eApp. Based on the answers provided, the system will use reflexive field technology to display additional questions as needed. This design ensures that you only fill out the information relevant to your client, making the process more efficient and tailored to their specific situation.

- a. To proceed, click “Next” to continue to the next section, or select “Back” to return to the previous section.

Application Navigation

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- Submit for eSignatures

CareScout Insurance

Information will save as you go

Personal Worksheet

Reference Code: 1UOBUM

Demo Test: The Semi-Annual premium for the coverage you are considering will be \$877.40. The premium quoted in this worksheet isn't guaranteed and may change during the underwriting process and in the future while this policy is in force.

Type of Policy & The Company's Right to Increase Premiums on the Coverage You Choose:
Guaranteed renewable – The Company can increase your premiums on this policy in the future if it increases the premiums for all policies like yours in this state.

Premium Increase History:
The Company has sold long-term care insurance since 2025 and has sold this policy since 2025. The Company has never increased its premiums for any long-term care policy it has sold in this or any other state. In the past 10 years, other affiliated companies have raised rates on similar policy forms that are no longer available for sale in this state and were never sold by this Company.

Financial Information

Note: Applicants do not have to answer the questions that follow. They're intended to make sure you've thought about how you'll pay premiums and the cost of care your insurance doesn't cover.

* Providing your applicant's financial information will assist the company and you in determining if this product is suitable for your applicant. Does your applicant choose to complete this information?

Yes
 No

Verification of Non-Disclosure

* Because the applicant has chosen not to provide their financial information, please select one of the following options. Be advised, if the applicant has decided not to buy a policy at this time, New Business will not process this application.

Yes, the applicant wishes to purchase this coverage. The applicant still chooses not to complete the financial information required in the Long-Term Care Insurance Personal Worksheet. Please proceed with the review of this application.
 No, the applicant has decided not to buy a policy at this time.

Applicant Acknowledgment

Please read the following statements and obtain acknowledgment from the applicant.

* I agree that the Company and/or its Agent/Producer has reviewed this worksheet with me including the premium, premium increase history and potential for premium increases in the future. I understand the information contained in this worksheet. I understand that the rates for this policy may increase in the future.

Back Next

21. This is the Coverage and Replacement section of the eApp. Based on the answers provided, the system will use reflexive field technology to display additional questions as needed. This design ensures that you only fill out the information relevant to your client, making the process more efficient and tailored to their specific situation.
- To proceed, click “Next” to continue to the next section, or select “Back” to return to the previous section.

CareScout

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CareScout Insurance

Information will save as you go

Reference Code: 1UOBUM

Coverage and Replacement

Demo Test

* Are you currently enrolled in Medicaid (not the same as Medicare)?
 Yes
 No

* Do you have any Accident and Sickness, Long-Term Care, Nursing Home, or Home Health Care insurance policy/certificate in force or applied for? (Including any health care service contract, health maintenance organization contract or life insurance with Long-Term Care coverage.)
 Yes
 No

* Did you have another Long-Term Care, Nursing Home, or Home Health Care insurance policy/certificate in force during the last 12 months?
 Yes
 No

* Do you intend to replace any of your Long-Term Care, medical or health insurance coverage with this policy?
 Yes
 No

* Within the past 2 years, have you had another application or reinstatement request for long-term care or life insurance declined, postponed, or have you been rated substandard by any other company?
 Yes
 No

Back Next

22. This is the Unintentional Lapse section of the eApp. Selecting “Yes” will display an “Add +” button, allowing agents to include details.
- Once the information is added, the agent can also edit or delete the entries as needed, ensuring the details remain accurate and up to date.
 - To proceed, click “Next” to continue to the next section, or select “Back” to return to the previous section.

The screenshot shows the CareScout Insurance application interface. On the left is a navigation menu with the following items: Client Profile Information (checked), Insurability Profile (checked), Medical Questions (expanded), General (checked), Worker's Compensation (checked), Disability Income (checked), Social History (checked), Family History (checked), Personal Worksheet (checked), Coverage and Replacement (checked), Unintentional Lapse (selected), Applicant Disclosures, Payment Information, Application Review, Commission Split, and Submit for eSignatures. The main content area is titled "CareScout Insurance" and "Unintentional Lapse". A "Reference Code: 1UOBUM" is displayed in the top right. Below the title is a "Demo Test" section with a purple header. The text reads: "I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance policy for non-payment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid." Below this is a purple box with an information icon and the text: "We suggest you do not designate your producer or a person that resides at your address." Two radio buttons are provided: "I elect NOT to designate any person to receive such notice." and "I designate the following person to receive notice prior to cancellation of my policy for non-payment of premium." At the bottom right of the form are "Back" and "Next" buttons. A "Save" button with a cloud icon and the text "Information will save as you go" is located in the top right corner of the main content area.

23. Please review the Applicant Disclosures carefully. Once you have reviewed them, kindly provide your consent by selecting the checkbox below.
- To proceed, click “Next” to continue to the next section, or select “Back” to return to the previous section.

CareScout®

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CareScout Insurance

Information will save as you go

Reference Code: 1UOBUM

Applicant Disclosures

Please review the applicant disclosure and Fraud Notice below with the applicant.

Important Applicant Disclosures

There are important disclosures and notices that your client should review and understand before signing the application, as they will apply to the entire Application. They cover topics that include Application for Coverage, Authorization, Receipt, Agreement, Policy Effective Date, Caution and Fraud Notice.

If you would like to go over this information with your client now, [click here to see the full disclosures](#).

Caution: If your answers on this Application are incorrect or untrue, CareScout Insurance Company may deny benefits or rescind your coverage.

FRAUD NOTICE: Any person who knowingly presents a false statement in an Application for insurance coverage may be guilty of a criminal offense and subject to penalties under state law.

Demo Test

List other health insurance policies sold by you to the applicant.

Please list policy numbers separated by comma.

List health insurance policies sold by you to the applicant in the past 5 years that are no longer in force.

Please list policy numbers separated by comma.

I have reviewed the applicant disclosure and Fraud Notice with the applicant

Back Next

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24. Please select “Yes” to the payment information if the client wishes to provide payment information such as banking account number and routing number.

The screenshot displays the CareScout Insurance application interface. On the left is an 'Application Navigation' sidebar with a list of steps: Client Profile Information, Insurability Profile, Medical Questions (General, Worker's Compensation, Disability Income, Social History, Family History), Personal Worksheet, Coverage and Replacement, Unintentional Lapse, Applicant Disclosures, Payment Information (highlighted), Application Review, Commission Split, and Submit for eSignatures. The main content area is titled 'CareScout Insurance' and 'Payment Information'. It includes a 'Demo Test' section with a question: '* If approved for coverage, would you like to provide payment information now?' with radio button options for 'Yes' and 'No'. At the top right, there is a save indicator 'Information will save as you go' and a 'Reference Code: 1UOBUM'. At the bottom right, there are 'Back' and 'Next' buttons.

25. Please review the final screen carefully. If you need to make any corrections, click the “Edit” button to navigate back to that section. At the bottom of the page, you will find options to confirm that the information is correct and to complete the Agent Acknowledgment. Once you have verified and confirmed all details with the client, click “Next” to proceed to the Commission Split page or go back if necessary.

CareScout

CareScout Insurance

Application Review Information will save as you go

Reference Code: 1UOBUM

Medical Questions

- Client Profile Information
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Quote Edit

Applicant Resident State: Alaska [AK] Solicitation State: Alaska [AK]
Marital Status: Single

Producer Details
Name: Producer Identification Number: Other, Test
Email: Phone: (334) 345-3435

Product Details
Product Name: Care Assurance CareScout Description: A personalized long-term care insurance solution with simplified design for simplified choice.

Benefit Amount Options
Coverage Maximum: \$150,000 Daily Benefit Amount: \$100

Deductible Period & Inflation Options
Deductible Period: 90 Service Days
Inflation Protection/Benefit Increases: No Increases

Additional Options
1st-Day Home Care (Waiver of Home and Community Care Deductible Period): Yes
Nonforfeiture Benefit: No
Rejection of 5% Compound: Selected

Premium: \$877.40 / Six Months

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26. On the Commission Split page, the agent can select “Yes” and enter their percentage share. Selecting “Yes” will display the “Add Producers+” button, allowing them to add additional agent or agency information for the CareScout licensing team to process commissions. Agents can also edit or delete any existing records as needed. Select “Next” to proceed to Submit for eSignature screen or go back if needed.

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CareScout Insurance

Information will save as you go

Reference Code: 1UOBUM - PCA0001361

Commission Split

Licensed Insurance Producer Information

* Does this policy involve a commission split structure?

Yes
 No

* What is your percentage of the commission? * Total Commission

12 100

* Details of Commission Split

Add Producers +

Commission Split Details	Edit	Delete
Producer Name: Agent One Producer Number / Last 4 Digits of SSN or TIN: 3435 BGA Name/Code: Demo Inc Commission Percentage: 88		

Back Next

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27. Please review the eSignature screen. The Agent email is pre-filled and cannot be changed, while the Client's email can be updated if the client wishes to receive the DocuSign package at a different email address. Once confirmed, select "Submit for Signature." The client will receive the DocuSign package first, and after they review and sign it, the agent will receive the completed package second. The DocuSign package includes a cover letter, formal application, coverage selection, potential rate increase form, personal worksheet (suitability), and HIPAA form. Additional forms may be included, such as forms needed to satisfy specific state requirements.



CareScout Insurance Information will save as you go

Reference Code: 9HK131 - PCA0003371

Submit for eSignatures

Email Signature: Please ensure that the email address(es) below are correct. If they are correct, you may click the 'Submit' button below and an email will be sent to your applicant(s) with a link to a secure site where they can review and sign the application digitally. Once the application is signed, an email will be sent to you with a link to the documents for you to review and sign.

The application is not considered to be completed and submitted until your client and you have digitally signed the application.

Applicant Name

Applicant Email

Agent Email

If the applicant is ready to receive, review, and sign application, click "Submit for eSignatures".

[Back](#) [Submit for eSignatures](#)

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APPENDIX I

eConsent FAQs

Why does the client need to agree to the eConsent?

To comply with the federal Electronic Signatures in Global and National Commerce Act (ESIGN) and state laws implementing similar requirements regarding electronic delivery of required written documents, this eConsent allows CareScout Insurance Company to send the client legally required documents electronically. When the client agrees to the eConsent, they agree to let CareScout Insurance send them these documents electronically instead of by paper.

Can I send a quote without the client agreeing to the eConsent?

Yes, you can send as many quotes as the client requests without the client agreeing to the eConsent.

When is the 'eConsent' required?

The client needs to agree to the eConsent prior to the start of the application process, so the disclosure documents can be sent electronically.

What happens if the prospective applicant does not respond to the eConsent?

The system will not allow the application to proceed or email the Take Home Packet until the client agrees to receive documents electronically.

What documents are included in the Take Home Packet?

Suitability Statement, Notice of Information Practices, Notice to Proposed Insured Producer Compensation, Partnership Notice, Outline of Coverage, A Shopper's Guide to Long-Term Care Insurance, and any required State Notice.

What should I do if the email address is invalid?

The system will prompt: 'Please enter a valid email address.' This must be corrected before proceeding.

Important Information

CareScout is the marketing name for CareScout Holdings, Inc., its affiliates and entities. Affiliates and entities are solely and separately responsible for their own financial and contractual obligations.

Insurance issued by CareScout Insurance Company, Glen Allen, VA. CareScout Care Assurance is issued on policy form series ICC24-1110 and 1110. [Please check state availability.](#)

All benefits of the insurance policy are backed by the claims-paying ability of the issuing insurance company. CareScout Insurance Company has entered into an agreement with a reinsurance company that has an overall financial strength rating of A+ as rated by A.M. Best as of 1/25/2025. The reinsurer will not have direct obligations to policyholders under the agreement, and the reinsurance may be modified or terminated in the future. All applications are subject to the underwriting requirements of CareScout Insurance Company and are subject to change.

Policy, benefits, and riders may not be available in all states. Terms and conditions may vary by state.

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