BROOKFIELD PARTNERS

Alzheimer's Questionnaire

UNDERWRITING QUESTIONNAIRE

AGENT & CASE INFORMATION

AGENT NAME | PHONE | E-MAIL

PROPOSED INSURED

CLIENT NAME | DATE OF BIRTH | STATE

HEIGHT | WEIGHT | FACE AMOUNT

Sex: ☐ Male ☐ Female

Tobacco / Nicotine Use: ☐ Yes ☐ No

COVERAGE REQUESTED

Type of Insurance: ☐ Universal Life ☐ Whole Life ☐ Survivorship

☐ Term — number of years:

QUESTIONNAIRE

1. When was the proposed insured first diagnosed with Alzheimer's?

2. What was the diagnosis?

- ☐ Early Onset Alzheimer's (diagnosed prior to age 65)
- ☐ Late Onset Alzheimer's (most common – diagnosed after age 65)
- ☐ Familial Alzheimer's Disease (FAD)

3. Does the proposed insured experience any of the following symptoms? (Check all that apply.)

- ☐ Short term memory loss ☐ Long term memory loss
- ☐ Inability to use judgment/make decisions ☐ Loss of language skills
- ☐ Difficulty learning/remembering new information ☐ Decline in ability to perform everyday tasks
- ☐ Other

4. Is the proposed insured currently able to perform everyday tasks without assistance? ☐ Yes ☐ No

If no, provide details:

Please e-mail the completed form to Brad Kadelski · brad@brookfieldpartners.com

Brookfield Insurance Partners, LLC · Brookfield, MA · (p) 866-639-0443 · info@brookfieldpartners.com · www.brookfieldpartners.com

5. Is the proposed insured current taking any medication(s)? ☐ Yes ☐ No

If yes, provide name, dosage and frequency of medication(s)