BROOKFIELD PARTNERS

# Autism / Asperger's Syndrome 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 Asperger's Syndrome diagnosed?

**2.** Does the proposed insured experience any of the following? (check all that apply)

☐ Problems with social skills ☐ Eccentric or repetitive behaviors

☐ Unusual preoccupations or rituals ☐ Communication difficulties

☐ Limited range of interests ☐ Coordination problems

☐ Exceptional skills/talents

Provide details:

**3.** How is this condition being treated?

☐ Special education ☐ Behavior modification

☐ Medication ☐ Speech, physical or occupational therapy

**4.** Is the proposed insured taking any medication(s) for this, or any other condition(s)? ☐ Yes ☐ No

If yes, provide the name, dosage and frequency of all medications(s):