BROOKFIELD PARTNERS

Barrett's Esophagus 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 Barrett's Esophagus?

2. Has the proposed insured ever had an Endoscopy/Biopsy? ☐ Yes ☐ No

If yes, when?

Did the test indicate dysplasia? ☐ Yes ☐ No

3. Has the proposed insured ever experienced any of the following symptoms? (Check all that apply.)

☐ Frequent heartburn ☐ Weight loss

☐ Pain ☐ Difficulty swallowing

☐ Other

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

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