BROOKFIELD PARTNERS

Benign Prostate (BPH) 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 benign prostatic hyperplasia?

2. Have any of the following been done? (Check all that apply.)

☐ Bladder catheterization ☐ Prostate biopsy ☐ Prostate ultrasound

☐ TURP (transurethral prostatectomy)

Provide the details and results of each procedure checked:

3. What is the date and result of the most recent PSA test?

4. Are there any other health issues? ☐ Yes ☐ No

If yes, provide details. Additional questionnaires may be required.

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

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