BROOKFIELD PARTNERS

Bundle Branch Block 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. What type of bundle branch block is present? (Check all that apply.)

☐ CLBBB ☐ CRBBB ☐ LAHB or LPHB

☐ IRBBB ☐ Bifascicular block

2. How long has this abnormality been present?

3. Has there been any recent change in the ECG? ☐ Yes ☐ No

If yes, provide details:

4. Has the proposed insured had any of the following? (Check all that apply.)

☐ Chest pain or coronary artery disease ☐ Cardiomyopathy ☐ High blood pressure

☐ Congenital heart disease ☐ Valvular heart disease

5. Exercise treadmill or thallium study

☐ Not done ☐ Normal ☐ Abnormal

6. Resting or exercise echocardiogram

☐ Not done ☐ Normal ☐ Abnormal

7. Any other cardiac study

☐ Not done ☐ Normal ☐ Abnormal

If other, provide the name of the study, date and results:

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

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

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

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