BROOKFIELD PARTNERS

Cervical Cancer 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 cervical cancer?

2. What stage was diagnosed?

☐ Stage 0 (in situ) ☐ Stage Ia ☐ Stage Ib

☐ Stage II ☐ Stage III ☐ Stage IV

3. How was the cancer treated? (Check all that apply.)

☐ Cone surgery ☐ Total hysterectomy ☐ Radiation therapy

☐ Chemotherapy

4. What was the date treatment was completed?

5. Has there been any evidence of recurrence? ☐ Yes ☐ No

If yes, provide details:

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

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

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

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