BROOKFIELD PARTNERS

Congestive Heart Failure 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 congestive heart failure?

2. What is the cause of the congestive heart failure?

3. Has the proposed insured had surgical heart repair? ☐ Yes ☐ No

If yes, provide the type of repair and the date of surgery:

4. Does the proposed insured have a history of any of the following? (Check all that apply.)

☐ Hypertension ☐ Coronary artery disease ☐ Chronic obstructive pulmonary disease

☐ Pacemaker

Provide details for each condition checked:

5. Has an angiogram, echocardiogram, stress test or heart scan been done? ☐ Yes ☐ No

If yes, provide details and attach a copy of the results if available:

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)