BROOKFIELD PARTNERS

Crohn's Disease / Colitis / Diverticulitis 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 was the proposed insured's diagnosis?

☐ Crohn's Disease ☐ Colitis ☐ Diverticulitis

Date of first diagnosis: §

Date of most recent episode: §

Total number of episodes: §

2. Number of episodes in the past six months: § Longest duration: § (days, weeks, months)

3. Number of episodes in the past five years: § Longest duration: § (days, weeks, months)

4. What condition(s) have been diagnosed? (Check all that apply.)

☐ Irritable Bowel Syndrome ☐ Frequent colon spasms ☐ Frequent diarrhea

☐ Ulcerative Proctitis ☐ Mucous Colitis ☐ Spastic Colitis

☐ Catarrhal Colitis ☐ Ulcerative Proctosigmoiditis ☐ Crohn's Disease

☐ Chronic Proctitis (rectum) ☐ Chronic Ulcerative Colitis ☐ Diverticulitis

☐ Other

5. Has the proposed insured ever been hospitalized for the condition? ☐ Yes ☐ No

If yes, provide date(s):

6. Has surgery been done? ☐ Yes ☐ No

If yes, provide date and type of surgery:

If no, has surgery been recommended? ☐ Yes ☐ No

If yes, when will the surgery be complete:

7. Has the proposed insured ever been disabled because of the condition? ☐ Yes ☐ No

If yes, provide details and dates:

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

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