BROOKFIELD PARTNERS

Cushing's Disease 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 Cushing's Disease?

2. Does the proposed insured experience any of the following symptoms? (Check all that apply.)

☐ Upper body obesity ☐ Rounded face ☐ Increased fat around the neck

☐ Thinning arms/legs ☐ Fragile/thin skin ☐ Bruises easily

☐ Other

3. Has the proposed insured ever had a rib and/or spinal column fracture? ☐ Yes ☐ No

If yes, provide details:

4. What treatments has the proposed insured received for this condition?

☐ Surgery Details:

☐ Medication Details:

☐ Other

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

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