BROOKFIELD PARTNERS

Depression / Anxiety 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 diagnosis was given? Date of diagnosis:

2. Number of episodes? § Date of last episode? §

3. Was the depression/anxiety described as bipolar or manic?

4. Was the depression/anxiety related to a specific event? ☐ Yes ☐ No

If yes, describe event:

5. Was the proposed insured hospitalized? ☐ Yes ☐ No

If yes, provide details and dates:

6. Did the proposed insured ever attempt suicide? ☐ Yes ☐ No

If yes, provide date(s):

7. Type of treatment?

8. Did the proposed insured take any medication(s) to treat the depression/anxiety? ☐ Yes ☐ No

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

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

If no, date last used: §

10. Was any time lost from work, or from not being able to perform regular daily activities? ☐ Yes ☐ No

If yes, how much time?

11. Is the proposed insured seeing a psychiatrist? ☐ Yes ☐ No

If yes, how often?