BROOKFIELD PARTNERS

Down Syndrome and Intellectual Disability 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 is the proposed insured's IQ?

2. Is the proposed insured self-supporting? ☐ Yes ☐ No

If no, provide details:

3. What is the proposed insured's social and economic situation?

4. Are there any cardiovascular or pulmonary problems? ☐ Yes ☐ No

If yes, provide details:

5. At what age was the proposed insured diagnosed?

6. Is the disability chromosomal? ☐ Yes ☐ No

If yes, provide as much detail as possible:

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

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

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

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