BROOKFIELD PARTNERS

Eating Disorder 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 an eating disorder?

2. What was the diagnosis?

☐ Anorexia Nervosa

☐ Bulimia Nervosa

☐ Other

3. How many episodes have occurred? §

Date of last episode/recovery: §

4. Has the proposed insured's weight remained stable for at least 1 year? ☐ Yes ☐ No

If no, provide details:

5. Has the proposed insured been hospitalized for treatment of an eating disorder? ☐ Yes ☐ No

If yes, provide date(s) and details of treatment:

6. Has the proposed insured been diagnosed with any of the following associated conditions? (Check all that apply.)

☐ Substance abuse (alcohol or drugs) ☐ Personality disorder

☐ Psychotic disorder - suicidal thought/attempt ☐ Depression/Anxiety disorder

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

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