BROOKFIELD PARTNERS

Elevated PSA 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. How long has the PSA been elevated?

2. What is the diagnosis?

3. Provide the date and result of all recorded PSA values.

4. Have these results been

☐ Increasing ☐ Decreasing ☐ Stable

☐ Fluctuating up and down ☐ Unknown

5. Have any of the following been done? (Check all that apply.)

☐ TRUS ☐ PSAD ☐ Free PSA

☐ Prostate biopsy

Provide the details and results of each test checked:

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

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

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

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