BROOKFIELD PARTNERS

Enlarged Heart 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 condition first diagnosed?

2. Have any of the following symptoms occurred? (Check all that apply.)

☐ Chest discomfort ☐ Fainting spells or dizziness ☐ Shortness of breath

☐ Palpitations (irregular heart beat)

3. Chest X-ray

☐ Not done ☐ Normal ☐ Abnormal

4. Exercise treadmill or thallium

☐ Not done ☐ Normal ☐ Abnormal

5. Resting or exercise echocardiogram

☐ Not done ☐ Normal ☐ Abnormal

6. MUGA scan

☐ Not done ☐ Normal ☐ Abnormal

7. Cardiac catheterization

☐ Not done ☐ Normal ☐ Abnormal

Provide the dates and results of any studies completed:

8. Is there a history of any other heart disease, such as valve problems, coronary artery disease or cardiomyopathy? ☐ Yes ☐ No

If yes, provide details:

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

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

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

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