BROOKFIELD PARTNERS

Cancer 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 cancer?

2. Where was the cancer found?

If the proposed insured was diagnosed with breast cancer, thyroid cancer, testicular cancer or prostate cancer, complete the specific questionnaire.

3. What was the grade, stage and size of the cancer?

4. Did the cancer spread to lymph nodes or other organs? ☐ Yes ☐ No

If yes, provide details and location(s):

5. What treatments did the proposed insured receive?

☐ Surgery Date and details:

☐ Chemotherapy How long did it last:

Please e-mail the completed form to Brad Kadelski · brad@brookfieldpartners.com

Brookfield Insurance Partners, LLC · Brookfield, MA · (p) 866-639-0443 · info@brookfieldpartners.com · www.brookfieldpartners.com

☐ Radiation How long did it last:

6. Is the proposed insured current taking any medication(s)? ☐ Yes ☐ No

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