BROOKFIELD PARTNERS

Guillain-Barré Syndrome 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 Guillain-Barré Syndrome?

2. Does the proposed insured experience any of the following symptoms? (Check all that apply.)

☐ Numbness or tingling in hands or feet ☐ Numbness or tingling around mouth/lips

☐ Muscle weakness ☐ Loss of reflexes

☐ Difficulty speaking, chewing, swallowing ☐ Inability to move eyes

☐ Back pain

☐ Other

3. Has the proposed insured ever received immunotherapy treatment for this condition? ☐ Yes ☐ No

If yes, provide details:

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

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

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

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