BROOKFIELD PARTNERS

Heart Attack (Myocardial Infarction) 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. What was the date or dates of the heart attack?

2. Has the proposed insured had any of the following? (Check all that apply.)

☐ Echocardiogram ☐ Coronary catheterization ☐ Coronary angioplasty

☐ Bypass surgery ☐ Heart failure ☐ Arrhythmias

Provide the date for each item checked:

3. Has a follow-up stress (exercise) ECG been completed since the heart attack? ☐ Yes ☐ No

If yes, provide the date and results:

4. Has the proposed insured had any of the following? (Check all that apply.)

- ☐ Abnormal lipid levels
- ☐ Irregular heartbeats
- ☐ Peripheral vascular disease
- ☐ Overweight
- ☐ Diabetes
- ☐ Cerebrovascular or carotid disease
- ☐ High blood pressure
- ☐ Elevated homocysteine

5. If diabetes, what was the age of onset?
Diabetes, high blood pressure and cerebrovascular disease each require an additional questionnaire.

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)