BROOKFIELD PARTNERS

Heart Bypass / Angioplasty / Stent 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. Which of the following did the proposed insured have:

☐ Stent(s) ☐ Bypass ☐ Angioplasty

2. Did the proposed insured have a heart attack prior to the above? ☐ Yes ☐ No

If yes, provide details:

3. Date of surgery: §

4. Which vessels were involved?

5. How badly were the vessels occluded (blocked)? § %

6. Any restrictions of activities? ☐ Yes ☐ No

If yes, provide details:

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

7. Are the post-operative EKGs normal? ☐ Yes ☐ No

8. When was the last treadmill EKG? §

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

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

10. Did the proposed insured smoke prior to surgery? ☐ Yes ☐ No

If yes, when did they quit?

11. Does the proposed insured have any family history of heart disease? ☐ Yes ☐ No

If yes, provide the relationship to the proposed insured and the date of onset and/or death:

12: Has the proposed insured been diagnosed with any of the following conditions:

☐ Coronary Artery Disease ☐ Abnormal heart rhythms/arrythmia

☐ Cardiomyopathy ☐ Heart Valve Disease

☐ Other