BROOKFIELD PARTNERS

Heart Failure 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 cause of the heart failure?

2. When was the diagnosis made?

3. Has the proposed insured had surgical heart repair? ☐ Yes ☐ No

If yes, provide the type of repair and the date of surgery:

4. Does the proposed insured have a history of any of the following? (Check all that apply.)

☐ Hypertension ☐ Coronary artery disease ☐ Chronic obstructive pulmonary disease

☐ Pacemaker

Provide details for each condition checked:

5. Has an angiogram, echocardiogram, stress test or heart scan been done? ☐ Yes ☐ No

If yes, provide details:

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)