BROOKFIELD PARTNERS

Heart Valve 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 did the proposed insured have heart valve replacement surgery, or other treatment?

2. What was the underlying condition that preceded the surgery/treatment?

☐ Shortness of breath ☐ Chest pain ☐ Heart palpitations

☐ Low body weight ☐ Low blood pressure ☐ Mitral valve regurgitation

☐ Heart failure

☐ Other

3. Which valve was replaced?

4. What kind of valve was used in the replacement:

☐ plastic or metal mechanical valve

☐ bioprosthetic valve (pig valve)

5. Any restrictions of activities? ☐ Yes ☐ No

If yes, provide details:

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

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

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

If yes, when did they quit?

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

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

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

☐ Coronary Artery Disease ☐ Abnormal heart rhythms/arrhythmia

☐ Cardiomyopathy ☐ Heart Valve Disease

☐ Mitral Valve Prolapse

☐ Other