BROOKFIELD PARTNERS

Hemochromatosis 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 hemochromatosis?

2. When first diagnosed, how many blood draws (phlebotomies, venesections) were done in what time frame?

3. Is the proposed insured now on a regular blood draw schedule? ☐ Yes ☐ No

If yes, how often?

If no, why not?

4. Are the proposed insured's liver function tests normal? ☐ Yes ☐ No

Date of most recent test: §

Test values were as follows: GGTP: § SGOT/AST: § SGPT/ALT: §

5. Have there been any abnormalities or effects on other organs or tissues? ☐ Yes ☐ No

If yes, provide details:

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

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