BROOKFIELD PARTNERS

# Hemophilia 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 hemophilia?

**2.** What type of hemophilia was diagnosed?

☐ Hemophilia A ☐ Hemophilia B

**3.** What classification of hemophilia has been diagnosed?

☐ Mild Hemophilia: Clotting factor VIII or clotting factor IX level is 5% of normal or greater.

Mild hemophilia might not be recognized unless there is excessive bleeding after a major injury or surgery.

☐ Moderate hemophilia: Clotting factor VIII or clotting factor IX level is 1% to 5% of normal.

Bleeding usually follows a fall, sprain or strain.

☐ Severe hemophilia: Clotting factor VIII or clotting factor IX level is less than 1% or normal.

Bleeding often happens one or more times a week for no apparent reason.

**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

**4.** How is the proposed insured being treated for this condition?

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

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