BROOKFIELD PARTNERS

Hodgkins / Non-Hodgkins Lymphoma 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 diagnosis was given?

☐ Hodgkins Lymphoma ☐ Non-Hodgkins Lymphoma

2. When was the Lymphoma first diagnosed? §

3. In what part of the body was the Lymphoma discovered?

4. What state of Lymphoma was diagnosed?

☐ Stage 1 ☐ Stage 1E

☐ Stage 2 ☐ Stage 2E

☐ Stage 3 ☐ Stage 3E ☐ Stage 3S ☐ Stage 3S+E

☐ Stave 4

5. Adult Lymphoma is also described in terms of how fast it grows in the location of the affected nodes.

Was the growth described as:

☐ indolent ☐ aggressive

Was the location described as:

☐ contiguous ☐ non-contiguous

6. What treatment(s) did the proposed insured receive?

☐ surgery ☐ chemotherapy ☐ radiation

Other:

7. How long did the treatment(s) last?

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

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