BROOKFIELD PARTNERS

Hypertension 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 hypertension?

2. What was the most recent blood pressure reading?

3. Has the proposed insured had any of the following? (Check all that apply.)

☐ Chest pain or coronary artery disease ☐ Diabetes ☐ Abnormal lipid levels

☐ TIA or stroke ☐ Enlarged heart ☐ Aneurysm

☐ Peripheral vascular disease ☐ Kidney disease ☐ Overweight

☐ Family history of heart disease, high blood pressure or stroke

4. Has a stress electrocardiogram (treadmill test) been completed within the past year?

☐ Yes — normal ☐ Yes — abnormal ☐ No

If yes, provide the date of the test:

5. Has the proposed insured ever had an echocardiogram? ☐ Yes ☐ No

If yes, provide the date and results:

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)