BROOKFIELD PARTNERS

Irregular Heartbeat 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?

2. What is the irregular heartbeat due to? (Check all that apply.)

☐ Premature supraventricular atrial beats (PACs) ☐ Premature ventricular beats (PVCs) ☐ Multifocal

☐ Bigeminy or trigeminy ☐ Ventricular tachycardia

3. Are there any symptoms with the irregular heartbeat? (Check all that apply.)

☐ Black-out ☐ Dizziness, light-headedness or faint feeling ☐ Palpitations

☐ Chest discomfort

4. Which of the following tests have been done? (Check all that apply.)

☐ ECG ☐ Stress test ☐ Echocardiogram

☐ Holter monitor

Provide the date and results of each test checked:

5. The cause of the irregular heartbeat is due to

☐ Heart disease ☐ Alcohol ☐ Thyroid disease

☐ Unknown or other

If unknown or other, provide details:

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)