BROOKFIELD PARTNERS

Kidney Disease 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 kidney disease?

2. What specific kidney disorder was diagnosed?

3. If kidney stones, what procedures have been done to remove the stones?

Name of procedure	Date	Number of stones involved

4. What laboratory findings were found by the proposed insured's physician?

	Date of most recent test	Level of findings	Normal reference range
Protein in urine (proteinuria)			
Blood in urine (hematuria)			
Blood urea nitrogen (BUN) level			
Creatinine level			

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

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

6. Is there any family history of kidney or cardiovascular disease? ☐ Yes ☐ No

If yes, provide details below.

	Age (if living)	Age (at death)	Cause of death	Kidney disease?	Heart disease or circulatory disorder?	Stroke?
Mother						
Father						
Sister						
Brother						