BROOKFIELD PARTNERS

Kidney Transplant 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 was the date of the transplant?

2. Was this a single or multiple transplant?

☐ Single ☐ Multiple

3. What was the cause of the end stage renal disease that led to the transplant?

☐ Diabetes ☐ Glomerulonephritis ☐ Nephrosclerosis

☐ Systemic lupus erythematosus ☐ Polycystic kidney disease ☐ Other

If other, please specify:

4. What was the source of the donor kidney?

☐ Cadaver ☐ Living related donor ☐ Identical twin
☐ Other

If other, please specify:

5. Provide the most recent BUN, serum creatinine and urinalysis results.

6. Have any of the following occurred? (Check all that apply.)

☐ Frequent infection ☐ Rejection episodes ☐ Toxicity from treatment
☐ High blood pressure ☐ Cardiovascular disease ☐ Cancer
☐ Disease recurrence

7. How often are checkups?

8. Are there any disabilities since the transplant? ☐ Yes ☐ No
If yes, provide details:

9. Are there any other health issues? ☐ Yes ☐ No
If yes, provide details. Additional questionnaires may be required.

10. Is the proposed insured currently taking any medication(s)? ☐ Yes ☐ No
If yes, provide name, dosage and frequency of medication(s)