BROOKFIELD PARTNERS

Leukemia 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 Leukemia?

2. What type of Leukemia has been diagnosed?

☐ Acute Myelogenous Leukemia ☐ Chronic Myelogenous Leukemia

☐ Acute Lymphocytic Leukemia ☐ Chronic Lymphocytic Leukemia

☐ Other

3. What stage of Leukemia was diagnosed?

☐ Stage 0 ☐ Stage 1 ☐ Stage 2 ☐ Stage 3 ☐ Stage 4

4. What treatments has the proposed insured received? (Check all that apply.)

☐ Surgery ☐ Chemotherapy

☐ Radiation ☐ Biological therapy

☐ Bone marrow transplant

☐ Other

5. What were the results of the most recent Complete Blood Count (CBC)?

Date of test: §

Hemoglobin: §

White Blood Count: §

Platelet Count: §

6. Is the proposed insured currently in remission? ☐ Yes ☐ No

If yes, as of what date? §

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

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