BROOKFIELD PARTNERS

Liver Enzyme Elevation 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. How long has the proposed insured had elevated liver functions?

2. Provide details of recent liver enzyme function tests.

Date	GGTP	AST / SGOT	ALT / SGPT

3. If there is a prior history of elevated liver function test results, have these results been:

☐ Stable ☐ Increasing ☐ Decreasing ☐ Fluctuating up and down ☐ Unknown

4. Is there any known cause for the elevated liver functions? ☐ Yes ☐ No

If yes, provide details:

5. Does the proposed insured consume any alcohol? ☐ Yes ☐ No

If yes, provide details:

6. Have the following tests been completed for the proposed insured?

	Normal — date	Abnormal — date
Hepatitis panel (A, B, C)		
Liver ultrasound / CT / MRI		
Liver biopsy		

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

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