BROOKFIELD PARTNERS

Lupus 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 Lupus diagnosed?

2. What type of Lupus was diagnosed?

☐ Discoid Lupus ☐ Systemic (disseminated) Lupus (SLE)

3. Which organs / tissues have been involved?

☐ Skin ☐ Kidneys ☐ Central Nervous System

☐ Other

4. Has the condition disappeared completely? ☐ Yes ☐ No

If yes, date of last treatment:

5. If the condition has ever disappeared, has it relapsed? ☐ Yes ☐ No

If yes, complete the following:

	Date started	Date ended
Initial Lupus episode		
Most recent disappearance		
Most recent relapse		

6. What medications were or are being used to control the condition, or any other condition affecting the proposed insured?

Name of medication (prescription or otherwise)	Dates used	Quantity taken	Frequency taken

7. List any other medical information that may help provide a realistic preliminary assessment: