BROOKFIELD PARTNERS

Lyme 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 Lyme Disease?

2. What stage of Lyme Disease has been diagnosed?

☐ Stage 1 – Early ☐ Stage 2 – Disseminated ☐ Stage 3 – Late/Chronic

3. Does the proposed insured experience any of the following symptoms? (Check all that apply.)

☐ Fatigue ☐ Headache and stiff neck

☐ Fever and chills ☐ Muscle and joint pain

☐ Swollen lymph nodes ☐ Paralysis of facial muscles

☐ Meningitis ☐ Abnormal heart rate

☐ Chronic Lyme arthritis ☐ Memory loss/difficulty concentrating

☐ Chronic pain

☐ Other

4. Is the proposed insured disabled as a result of this condition? ☐ Yes ☐ No

If yes, provide details monthly disability income:

5. Does the proposed insured being treated for any other health conditions? ☐ Yes ☐ No

If yes, provide details:

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

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