BROOKFIELD PARTNERS

Narcolepsy 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 narcolepsy?

2. Has the proposed insured ever experienced any of the following symptoms? (Check all that apply.)

☐ Excessive daytime sleepiness ☐ Sudden loss of muscle tone

☐ Sleep paralysis ☐ Hallucinations

3. Has the proposed insured had any of the following tests?

☐ Actigraphy Date & Results:

☐ Polysomnogram Date & Results:

☐ Multiple sleep latency Date & Results:

4. How has the proposed insured been treated for this condition?

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

If yes, provide details:

6. Does the proposed insured have a valid, active driver's license? ☐ Yes ☐ No

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

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