BROOKFIELD PARTNERS

Neuromuscular Disorder 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?

2. What is the name of the neuromuscular disorder?

3. Describe the condition and diagnosis.

4. Is the proposed insured disabled? ☐ Yes ☐ No

If yes, provide details:

5. Does the proposed insured use a cane or a wheelchair? ☐ Yes ☐ No

If yes, provide details:

6. Does the proposed insured have a caregiver? ☐ Yes ☐ No

If yes, provide details:

7. Is the proposed insured receiving any treatment? ☐ Yes ☐ No

If yes, what type of treatment?

8. When did the proposed insured last see a doctor for this condition?

9. Are there any other health issues? ☐ Yes ☐ No

If yes, provide details. Additional questionnaires may be required.

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

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