BROOKFIELD PARTNERS

Osteoporosis 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 osteoporosis?

2. Has the proposed insured had a bone density test (BMD)? ☐ Yes ☐ No

If yes, when was the test? §

T-Scores?

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

☐ Fractures Details & Date:

☐ Spinal compression fractures Details & Date:

☐ Low back and/or neck pain Details & Date:

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

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

Please e-mail the completed form to Brad Kadelski · brad@brookfieldpartners.com

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