BROOKFIELD PARTNERS

Ovarian Cancer 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 ovarian cancer?

2. How was the cancer treated? (Check all that apply.)

☐ Surgery ☐ Radiation ☐ Chemotherapy

Provide the dates and details of treatment:

3. What stage was the cancer?

☐ Stage I ☐ Stage II ☐ Stage III

☐ Stage IV

4. Has there been any evidence of recurrence? ☐ Yes ☐ No

If yes, provide details:

5. What is the date and result of the most recent CA 125, if available?

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

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

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

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