BROOKFIELD PARTNERS

Pacemaker 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. What was the date the pacemaker was implanted?

2. The pacemaker was implanted for

☐ Heart block associated with coronary artery disease ☐ Complete heart block or sick sinus syndrome

☐ Chronic underlying atrial flutter or fibrillation ☐ Other

If other, provide details:

3. Does the proposed insured have another heart disease? ☐ Yes ☐ No

If yes, provide details:

4. Have any of the following pacemaker complications occurred? (Check all that apply.)

☐ Infection ☐ Blood clots ☐ Pacemaker malfunction

☐ Perforation ☐ Other

If other, provide details:

5. Are there any continuing symptoms since the pacemaker was implanted? ☐ Yes ☐ No

If yes, provide details:

6. When was the proposed insured's last checkup?

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

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

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

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