BROOKFIELD PARTNERS

Pancreatitis 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 type of pancreatic disorder was diagnosed?

☐ Cyst or pseudocyst ☐ Abscess ☐ Pancreatitis

☐ Stone ☐ Other

If other, provide details:

3. Was the proposed insured incapacitated from work due to the pancreatic disorder? ☐ Yes ☐ No

If yes, when and for how long?

4. Was the proposed insured hospitalized? ☐ Yes ☐ No

If yes, provide the dates and duration of each hospitalization:

5. Was any surgery performed? ☐ Yes ☐ No

If yes, provide details:

6. If pancreatitis, describe the frequency of attacks and the date of the most recent attack.

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)