BROOKFIELD PARTNERS

Parkinson's Disease 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 stage of Parkinson's Disease does the proposed insured currently have?

☐ Early ☐ Moderate ☐ Advanced

3. Does the proposed insured experience any of the following symptoms? (Check all that apply.)

☐ Tremor or shaking ☐ Stiff muscles and achiness ☐ Slow, limited movement

☐ Weakness of face and throat muscles ☐ Difficulty walking ☐ Difficulty with balance

☐ Other

4. How is the proposed insured currently being treated?

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

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