BROOKFIELD PARTNERS

Pheochromocytoma 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. Was the pheochromocytoma benign or malignant?

☐ Benign ☐ Malignant

3. Was it single or multiple?

☐ Single ☐ Multiple

4. What evaluation was done? (Check all that apply.)

☐ MRI or CT ☐ Urine test ☐ Blood test

Provide the date and results of each evaluation checked:

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

Brookfield Insurance Partners, LLC · Brookfield, MA · (p) 866-639-0443 · info@brookfieldpartners.com · www.brookfieldpartners.com

5. Has the proposed insured had surgery to remove a pheochromocytoma? ☐ Yes ☐ No

If yes, provide details:

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)