BROOKFIELD PARTNERS

Proteinuria (Protein in Urine) 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. How long has this abnormality been present?

2. Has a specific cause for the proteinuria been found? ☐ Yes ☐ No

If yes, provide details:

3. Provide the date and result of the most recent urinalysis for protein, red blood cells, white blood cells and the protein to creatinine ratio.

4. Provide the date and result of the most recent BUN and serum creatinine.

5. Provide the date and result of any microalbumin, 24 hour protein or 24 hour creatinine clearance testing.

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)