BROOKFIELD PARTNERS

Psoriatic Arthritis 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 with Psoriatic Arthritis?

2. Which type of psoriatic arthritis has been diagnosed?

- ☐ Symmetric arthritis ☐ Asymmetric arthritis
- ☐ Distal interphalangeal predominant ☐ Spondylitis
- ☐ Arthritis mutilans

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

- ☐ Pain, stiffness, swelling in joints
- ☐ Irritation and redness of the eye
- ☐ Red, scaly patches of the skin

4. How is the proposed insured being treated?

- ☐ Anti-inflammatory drugs Details & Date:
- ☐ Disease-modifying antirheumatic drugs Details & Date:
- ☐ Steroids Details & Date:

- ☐ Biologic therapy (Enbrel) Details & Date:
- ☐ Physical therapy Details & Date:
- ☐ Assistive devices Details & Date:
- ☐ Other

5. Is the proposed insured disabled as a result of this condition? ☐ Yes ☐ No

If yes, provide details:

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

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