BROOKFIELD PARTNERS

Rheumatoid 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?

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

☐ Pain, stiffness, swelling in joints ☐ Depression ☐ Fatigue

3. What tissues have been involved? (Check all that apply.)

☐ Joints only ☐ Heart ☐ Lungs ☐ Central Nervous System

4. Have the symptoms ever completely disappeared? ☐ Yes ☐ No

If yes, when did they reappear?

5. How has the proposed insured been treated?

☐ Anti-inflammatory drugs Date:

☐ Topical Pain Relievers Date:

☐ Corticosteroids Date:

☐ Narcotic Pain Relievers Date:

- ☐ Methotrexate, Imuran or Cytoxan Date:
- ☐ Remicaid, Arava, Enbrel, Humira Date:
- ☐ Apheresis Date:
- ☐ Other

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

If yes, provide details:

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

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