BROOKFIELD PARTNERS

Sarcoidosis 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 sarcoidosis has been diagnosed?

☐ Stage 1 ☐ Stage 2 ☐ Stage 3

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

☐ Fatigue ☐ Loss of appetite or weight ☐ Fever ☐ Night Sweats

☐ Skin rash ☐ Enlarged lymph nodes ☐ Blurred vision ☐ Coughing

☐ Chest pain ☐ Joint stiffness or swelling ☐ Wheezing ☐ Irregular heartbeat

4. What organ systems are involved?

☐ Lungs ☐ Eyes ☐ Skin ☐ Lymph Nodes ☐ Liver

☐ Blood ☐ Kidneys/Urinary Tract ☐ Heart ☐ Musculoskeletal ☐ Nervous System

5. Has the proposed insured received any of the following treatments?

☐ Prednisone Date:

☐ Plaquenil Date:

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

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- ☐ Methotrexate Date:
- ☐ Imuran Date:
- ☐ Cytoxan Date:
- ☐ Other

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

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