BROOKFIELD PARTNERS

Schizophrenia 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 Schizophrenia?

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

☐ Apathy or lack of motivation ☐ Self-neglect (such as not bathing)

☐ Reduced or inappropriate emotion ☐ Depression

☐ Substance abuse ☐ Bipolar disorder

☐ Hallucinations ☐ Delusions

☐ Disorganized or confusing thoughts and speech

☐ Other

3. Has the proposed insured ever been hospitalized as a result of this condition? ☐ Yes ☐ No

If yes, provide details:

4. Has the proposed insured ever been disabled as a result of this condition? ☐ Yes ☐ No

If yes, provide dates and monthly disability income:

5. How is the proposed insured being treated for this condition?

- ☐ Medication Name, dosage and frequency:
- ☐ Therapy Provide frequency:
- ☐ Other

6. Has the proposed insured ever attempted suicide? ☐ Yes ☐ No

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

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