BROOKFIELD PARTNERS

Scleroderma and CREST 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. What type of scleroderma was diagnosed?

☐ Localized scleroderma, morphea or linear ☐ Limited scleroderma or CREST

☐ Progressive systemic sclerosis, diffuse scleroderma

2. When was the proposed insured first diagnosed?

3. Has the proposed insured had any of the following? (Check all that apply.)

☐ Weight loss ☐ Biliary cirrhosis ☐ Heart disease

☐ Liver enzyme abnormality ☐ Lung disease ☐ Kidney disease

☐ Raynaud's disease ☐ Trouble swallowing

4. What is the proposed insured's functional ability?

☐ Fully active ☐ Sedentary ☐ Uses walker, cane or similar

☐ Uses wheelchair

5. Are there any other health issues? ☐ Yes ☐ No

If yes, provide details. Additional questionnaires may be required.

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

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