BROOKFIELD PARTNERS

Sickle Cell Anemia 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 type of sickle cell anemia does the proposed insured have?

☐ Sickle cell (SS) ☐ Sickle cell (SC) ☐ Sickle cell trait (SA)

☐ Hemoglobin C

3. Is there a history of any of the following complications? (Check all that apply.)

☐ Painful crisis ☐ Aseptic necrosis of bones ☐ Leg ulcers

☐ Lung scarring ☐ Thrombosis ☐ Enlarged heart

☐ Other

Provide the date of the last episode for each complication checked:

4. What is the current hemoglobin?

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)