

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 testicular cancer?

2. What stage was diagnosed?

☐ Stage 1 ☐ Stage 2 ☐ Stage 3

3. What was the cellular classification?

☐ Seminoma ☐ Non-Seminoma

4. Did the cancer spread to lymph nodes or other organs?

☐ Yes ☐ No

If yes, provide details and location(s):

5. What treatments did the proposed insured receive?

☐ Surgery Date and details:

☐ Chemotherapy How long did it last:

☐ Radiation How long did it last:

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

Brookfield Insurance Partners, LLC · Brookfield, MA · (p) 866-639-0443 · info@brookfieldpartners.com · www.brookfieldpartners.com

6. Is the proposed insured currently taking any medication(s)?

☐ Yes ☐ No

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