BROOKFIELD PARTNERS

Thalassemia 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 diagnosed with Thalassemia?

2. What type of Thalassemia was diagnosed?

☐ Thalassemia Major ☐ Thalassemia Intermedia ☐ Thalassemia Minor

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

☐ Anemia ☐ Pallor ☐ Fatigue

☐ Weakness ☐ Blood in urine ☐ Shortness of breath

☐ Jaundice ☐ Enlarged spleen ☐ Enlarged liver

☐ Skull deformity ☐ Mongoloid faces ☐ Heart enlargement

4. How is the proposed insured being treated?

5. Have the following tests been completed for the proposed insured?

☐ Hepatitis Panel (A,B,C)

☐ Normal: Date:

☐ Abnormal: Date:

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

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- ☐ Liver Ultrasound/CT/MRI
- ☐ Normal: Date:
- ☐ Abnormal: Date:

- ☐ Liver Biopsy
- ☐ Normal: Date:
- ☐ Abnormal: Date:

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

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