BROOKFIELD PARTNERS

Thyroid Cancer 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 thyroid cancer?

2. What stage was the thyroid cancer?

3. What type of thyroid cancer was diagnosed?

- ☐ Papillary thyroid cancer
- ☐ Follicular thyroid cancer
- ☐ Medullary thyroid cancer (☐ Sporadic ☐ Isolated familial medullary)
- ☐ Anaplastic carcinoma
- ☐ Thyroid lymphoma

4. Did the cancer spread to lymph nodes or other organs? ☐ Yes ☐ No

If yes, provide details and location(s):

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

5. What treatments did the proposed insured receive?

- ☐ Surgery Date and details:
- ☐ Radioactive Iodine Date and details:
- ☐ THS Suppression Therapy Date and details:
- ☐ Chemotherapy How long did it last:
- ☐ Other

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

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