BROOKFIELD PARTNERS

Thyroid Disease 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. How was the thyroid disease diagnosed? (Check all that apply.)

☐ Goiter ☐ Thyroid nodule ☐ Hyperthyroidism

☐ Hypothyroidism

3. How is the thyroid disease being treated? (Check all that apply.)

☐ Surgery ☐ Radioactive iodine ☐ Medication

Provide treatment details:

4. Has a biopsy or fine needle aspiration (FNA) been done? ☐ Yes ☐ No

If yes, provide the results and attach a copy of the report:

5. Has the proposed insured had an ultrasound or radioactive scan of the thyroid? ☐ Yes ☐ No

If yes, provide the results and attach a copy of the report:

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

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

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

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