BROOKFIELD PARTNERS

Tourette's Syndrome 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. Does the proposed insured experience any of the following symptoms? (Check all that apply.)

- ☐ Simple motor tics involving only one muscle group
- ☐ Complex motor tics involving a series of movements or muscle groups
- ☐ Simple vocal tics involving simple sounds
- ☐ Complex vocal tics involving words, phrases and sentences

3. Has the proposed insured ever suffered from any of the following? (Check all that apply.)

- ☐ Depression Dates: Details:
- ☐ Attention Deficit Disorder Dates: Details:
- ☐ Obsessive Compulsive Disorder Dates: Details:

4. How is the proposed insured being treated?

5. Is the proposed insured disabled as a result of this condition? ☐ Yes ☐ No

If yes, provide details:

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

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