

Underwriting Questionnaire

Bladder Cancer

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date of diagnosis _____ Date of last treatment _____

Type of bladder cancer diagnosed

- Adenocarcinoma Papillary hyperplasia Transitional cell carcinoma
 Benign papilloma Squamous cell carcinoma

Stage of cancer

- Stage I Stage II Stage IIIA Stage IV
 or
 Stage 0 Stage A Stage B1 Stage B2 Stage C Stage D1 Stage D2
 or
 Tis T1N0M0 T2N0M0 T3N0M0 T3BN0M0 T4N1-3M0-1

If the cancer was graded, select the grade assigned

- Grade I Grade II Grade III Grade IV

How has the cancer been treated (select all that apply)

- Radical cystectomy (removal of bladder) Radiation therapy Chemotherapy
 Immunotherapy/biological therapy Photodynamic therapy Endoscopic resection

Has there been any evidence of recurrence?

No Yes, provide details _____

List all current medications being taken for any reason

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: