## Underwriting Questionnaire Bladder Cancer

Producer Name		Pho	none Date		re	-
Client Name		Dat	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	Dat	Date of last treatment				
Type of bladder cancer diagnosed Adenocarcinoma Benign papilloma		Papillary hyperplasia Squamous cell carcinoma		Transitional 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	TINOM0	T2N0M0	T3N0M0	T3BN0M0	T4N1-3M0-	1
If the cancer was grade	ed, select the grade	assigned Grade III	Grade IV			
How has the cancer been treated (select all that apply)  Radical cystectomy (removal of bladder)  Immunotherapy/biological therapy			Radiation the		Chemothera Endoscopic	
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	Dates Used Qua		Frequency Taken	

List any other major health problems the client has:

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