

Underwriting Questionnaire

Brain Tumor

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 tumor

- Glioma Astrocytoma Meningioma Oligodendroglioma Medulloblastoma
 Pineoblastoma Pineocytoma Sarcoma Schwannoma

Stage I II III IV

Treatment

- Surgical resection Radiotherapy Radiation Radioactive implants

Describe any limitations in physical or cognitive function

Describe any additional treatment for complications (e.g. seizures)

Describe any evidence of recurrence

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

List any other major health problems the client has: