Underwriting Questionnaire Breast Cancer

		ΗH	Truist	Life	Insurance	Services
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Producer Name	Phone		ate	
Client Name	Date of Birth			
□ Male □ Female Face Amount		Max Premium \$	/yr.	
□ Term □ Permanent Has the client ever us	sed any form of toba	icco (cigarettes, ciga	rs, pipe, snuff, etc.)? 🏾 Yes	5 🗌 No
Frequency Dat	te of last use		Туре	
Date of diagnosis	Date of last treatm	ent		
Type of breast cancer	Medullar	y Mucoid	Tubular	
Were both breasts involved Yes No				
Stage of Cancer	☐T1a ☐T3	☐T1b ☐T4		
Grade Grade 1 Grade 2 Grade 3	Grade 4			
Tumor size Less than or equal to 2.0 cm 2.1 to 5.	0 cm Greater	than 5.0 cm		
Did the lymph nodes test positive for cancer	Yes No	lf yes, how many		_
Location of positive lymph nodes	ion 🗌 Not appli	cable		
Was the cancer ER/PR positive Yes No				
Partial mastectomy	nal biopsy (limited ex therapy on therapy		mpectomy (wide excision) ormone therapy one marrow transplant	
Partial mastectomy Chemo	nal biopsy (limited ex therapy on therapy		mpectomy (wide excision) ormone therapy one marrow transplant	

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Any evidence of recurrence Yes	□No If yes, p	provide details		
Any family history of breast cancer?	Yes No	If yes, provide details		
Relative	_ Age of onset	Age o	f death (if applicable)	
Relative	Age of onset	Age o	f death (if applicable <u>)</u>	
Relative	_ Age of onset	Age o	f death (if applicable)	
Name of Medication (prescripti	on or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

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