

# Underwriting Questionnaire

## Breast 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 breast cancer

Ductal  In-Situ  Lobular  Medullary  Mucoid  Tubular

Were both breasts involved  Yes  No

Stage of Cancer

Tis  T0  T1mic  T1a  T1b  
 T1c  T1  T2  T3  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 If yes, how many \_\_\_\_\_

Location of positive lymph nodes

Axillary or intramammary  Other location  Not applicable

Was the cancer ER/PR positive  Yes  No

Initial treatment

Modified radical mastectomy  Excisional biopsy (limited excision)  Lumpectomy (wide excision)  
 Partial mastectomy  Chemotherapy  Hormone therapy  
 Radical mastectomy  Radiation therapy  Bone marrow transplant  
 Other \_\_\_\_\_

Other treatments (select all that apply)

Modified radical mastectomy  Excisional biopsy (limited excision)  Lumpectomy (wide excision)  
 Partial mastectomy  Chemotherapy  Hormone therapy  
 Radical mastectomy  Radiation therapy  Bone marrow transplant  
 Other \_\_\_\_\_

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Any evidence of recurrence  Yes  No If yes, provide details \_\_\_\_\_

Any family history of breast cancer?  Yes  No If yes, provide details

Relative \_\_\_\_\_ Age of onset \_\_\_\_\_ Age of death (if applicable) \_\_\_\_\_

Relative \_\_\_\_\_ Age of onset \_\_\_\_\_ Age of death (if applicable) \_\_\_\_\_

Relative \_\_\_\_\_ Age of onset \_\_\_\_\_ Age of death (if applicable) \_\_\_\_\_

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

List any other major health problems the client has: