## Underwriting Questionnaire Cancer - All Others

## **HH** Truist Life Insurance Services

Producer Name				Phone			Date _		_	
Client Name				Date of Birth				-		
☐ Male ☐ Female Face Amount							Max Premium \$			
☐ Term ☐ Permanen	t	Has the c	lient ever	used an	y form of tok	oacco (cigarett	es, cigars, pipe	e, snuff, etc.)?	□Yes □No	
requency				Date of	last use		Type			
Exact name of the cand	cer									
Date of first diagnosis Date of last treatment										
How has the cancer be ☐ Surgery ☐ Observation c		☐ Chemotherapy ☐ ☐ Other				□Immunothe	• •			
Grade of cancer				□IV	□ Other_					
Stage of cancer				□IV	□Other_					
Any evidence of recurre	ence 🗆	Yes □N	o If yes	, provide	details					
Name of Medication (prescription or otherwise)					Date	s Used	Quantit	y Taken	Frequency Taken	

List any other major health problems the client has:

If at all possible, please obtain the pathology report. It will enable us to work with you prior to a formal application to determine if coverage is now available, at which insurance company, and for what likely premium.

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