

Underwriting Questionnaire Cancer - All Others

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 _____

Exact name of the cancer _____

Date of first diagnosis _____ Date of last treatment _____

How has the cancer been treated

- Surgery Radiation Chemotherapy Hormone therapy Immunotherapy
 Observation only Other _____

Grade of cancer I II III IV Other _____

Stage of cancer I II III IV Other _____

Any evidence of recurrence Yes No If yes, provide details _____

Name of Medication (prescription or otherwise)	Dates Used	Quantity 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.