

Underwriting Questionnaire

Colorectal 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 first diagnosis _____ Date of last diagnosis _____

Stage and grade of cancer

- 0 (In Situ) 1 (T1 NO MO) 1 (T2 NO MO) 2A (T3 NO MO)
 2B (T4 NO MO) 3A, 3B (T1, 2 or T3,4, N1, MO) 3C,4 (T any, N2, or M1)

Other staging system used _____ Stage of cancer _____ Grade of cancer _____

Treatment Surgery Radiation Chemotherapy
 Other _____

If surgery, select type Polyp(s) removed Resection Complete removal with colostomy

Date of last treatment _____

How often does the client have a cancer screen to detect possible recurrence? _____

Date of last colonoscopy _____

Has there been any evidence of recurrence Yes No If yes, provide details

Any family history of colon cancer Yes No If yes, whom, onset age, 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: