

Underwriting Questionnaire

Hodgkin's/Non-Hodgkin's Lymphoma

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 _____

Type of Hodgkin's lymphoma

- Lymphocyte predominance Nodular sclerosis
 Mixed cellularity Lymphocyte depletion
 Other _____

Date of initial diagnosis _____ Date of last treatment _____

How has the disease been treated (select all that apply)

- Chemotherapy Chemotherapy with alkylating agents Radiation therapy Bone marrow transplant
 Stem cell treatment Other _____

Hodgkin's Stage I II III IV
 Hodgkin's Subcategory A B E

Non-Hodgkin's Stage I II III IV
 Non-Hodgkin's Grade Low Intermediate High
 Non-Hodgkin's Suffix B E

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: