

Underwriting Questionnaire

Leukemia

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 leukemia _____ Date of diagnosis _____ Date of treatment _____

Acute Lymphoid/Acute Myeloid (AML) Chronic Lymphoid (CLL) Hairy cell Chronic Myeloid (CML)

Stage 0 I II III IV

Type of Treatment _____

Evidence of recurrence, relapse, or related illness Yes No If yes, provide details

Has the client's spleen been removed as part of the treatment procedure? Yes No If yes, date _____

Most current blood count (CBC) readings
Date _____ White blood cells _____ Hemoglobin _____ Platelets _____

How frequently does the client visit his/her health care provider for checkups including blood counts? _____

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

List any other major health problems the client has: