Underwriting Questionnaire Melanoma/Skin Cancer

HH	Truist	Life	Insurance	Services
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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	Туре _					
What type of skin cancer was diagnosed? ☐Basal cell carcinoma ☐Squamous cell carc	inoma	ınant melanoma	□Dysplastic nevi syndrome				
Date of diagnosis Date of last treatment Number of lesions							
Location of skin cancer(s)							
How has the cancer been treated? Surgery, provide date(s) Other							
Clark Level of the cancer (malignant melanoma only)							
Breslow Scale of the cancer (malignant melanoma only) □In-situ □0.74 mm or less □0.75 mm to 1.50 mm □1.51 mm to 4.00 mm □4.01 mm plus							
TNM Stage T1a T1b T2a T2b T3a T4a T4b Any N1-3 M1							
Any evidence of recurrence?							
Any family history of melanoma? Yes No If yes, provide details							
Any family history of dysplastic nevi syndrome?							
Name of Medication (prescription or otherwise)	Dates Used	Quantity Taker	n Frequency Taken				

List any other major health problems the client has:

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