

Underwriting Questionnaire

Ovarian 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 treatment _____

Exact name of the ovarian cancer _____

What was the stage of the cancer diagnosed (this information should be contained in the pathology report)?

I II III IV Other staging method used _____

If the cancer was graded, what grade was assigned?

I II III IV Other grading method used _____

How has the cancer been treated?

Surgery, what was removed _____

Radiation Chemotherapy Biological therapy Hormone therapy

Other _____

Most current reading for the CA 125 marker _____ Date of this reading _____

Describe any recurrence or other cancer that may have occurred

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

List any other major health problems the client has: