

# Underwriting Questionnaire

## Pharynx Tumor

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 \_\_\_\_\_

Location  Nasopharynx  Oropharynx  Hypopharynx Human papillomavirus (HPV) related  Yes  No

Tumor Node Metastasis (TMN) stage **OR** Anatomic stage

- |                              |                                    |
|------------------------------|------------------------------------|
| <input type="checkbox"/> Tis | <input type="checkbox"/> Stage 0   |
| <input type="checkbox"/> T1  | <input type="checkbox"/> Stage I   |
| <input type="checkbox"/> T2  | <input type="checkbox"/> Stage II  |
| <input type="checkbox"/> T3  | <input type="checkbox"/> Stage III |
| <input type="checkbox"/> T4  | <input type="checkbox"/> Stage IV  |

Lymph nodes positive  N0  N1  N2  N2a  N2b  N2c  N3  N3a  N3b

Distant metastasis  M0  M1

### Treatment

Surgery start month/year \_\_\_\_\_ Surgery end month/year \_\_\_\_\_

Radiation start month/year \_\_\_\_\_ Radiation end month/year \_\_\_\_\_

Chemotherapy start month/year \_\_\_\_\_ Chemotherapy end month/year \_\_\_\_\_

Other \_\_\_\_\_

Cancer free  Yes  No

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

List any other major health problems the client has: