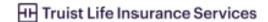
## Underwriting Questionnaire **Pharynx Tumor**



| 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 D   | ate of last use   |                             | Туре                        |                 |
| Location Nasopharynx Oropharynx   | ] Hypopharynx   | Human                       | papillomavirus (HPV) relate | ed □Yes □No     |
| □Tis □T1 □T2 □T3  | atomic stage  Stage 0 Stage I Stage II Stage III Stage IV |                             |                             |                 |
| Lymph nodes positive N0 N1  | □N2 □N2a  | □N2b □N2c                   | □N3 □N3a □N3b               |                 |
| Distant metastasis  |   |                             |                             |                 |
| Treatment Surgery start month/year  |   | Surgery end mo              | onth/year                   |                 |
| Radiation start month/year  |   |                             |                             |                 |
| Chemotherapy start month/year   |   | Chemotherapy end month/year |                             |                 |
| Other   |   |                             |                             |                 |
|   |   |                             |                             |                 |
| Cancer free Yes No  |   |                             |                             |                 |
| Name of Medication (prescription or other   | rwise) [  | Dates Used                  | Quantity Taken              | Frequency Taken |
|   |   |                             |                             |                 |
|   |   |                             |                             |                 |

List any other major health problems the client has:

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