

Underwriting Questionnaire

Testicular 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 diagnosis _____ Date of last treatment _____

Type of cancer:

Seminoma Non-Seminoma Non Germ Cell Sarcoma

Stage

I II III IV or A B C

How was the cancer treated (select all that apply)

Surgery Radiation Chemotherapy Other _____

How often does the client have a cancer screen to detect possible recurrence? _____

Any evidence of recurrence Yes No If yes, provide details below

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

List any other major health problems the client has: