

# Underwriting Questionnaire

## Thyroid 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 \_\_\_\_\_

Type of thyroid cancer

- Papillary  Mixed Papillary  Follicular  Medullary  Anaplastic  
 Hurthle Cell  Primary thyroid lymphoma

Tumor confined  Yes  No Lymph node involvement/metastasis  Yes  No

Tumor size  Less than 4 centimeters  4 centimeters or more (extracapsular extension)

Stage of cancer \_\_\_\_\_

Cancer treatment

- Surgery  Radiation  Chemotherapy

Treatment start date \_\_\_\_\_ Treatment end date \_\_\_\_\_

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

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

List any other major health problems the client has: