

Underwriting Questionnaire

Cancer - All Others



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 _____

Exact name of the cancer _____

Date of first diagnosis _____ Date of last treatment _____

How has the cancer been treated

☐ Surgery ☐ Radiation ☐ Chemotherapy ☐ Hormone therapy ☐ Immunotherapy
☐ Observation only ☐ Other _____

Grade of cancer ☐ I ☐ II ☐ III ☐ IV ☐ Other _____

Stage of cancer ☐ I ☐ II ☐ III ☐ IV ☐ Other _____

Any evidence of recurrence ☐ Yes ☐ No If yes, provide details _____

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

List any other major health problems the client has:

If at all possible, please obtain the pathology report. It will enable us to work with you prior to a formal application to determine if coverage is now available, at which insurance company, and for what likely premium.