Underwriting Questionnaire

Bladder Cancer



| Producer Name | | Pho | | | te | | |
|--|--|---|--|-------------------------------|-------------------------|-----------------|--|
| | | Da | | | | | |
| ☐ Male ☐ Female Face Amount | | nt | Max Premium \$ | | /yr. | | |
| ☐ Term ☐ Permane | ent Has the | client ever used an | y form of tobacco | (cigarettes, cigars, p | pipe, snuff, etc.)? | □Yes □No | |
| Frequency Date | | Date of | of last use | | Type | | |
| Date of diagnosis | | Da ⁻ | Date of last treatment | | | | |
| Type of bladder cancer diagnosed Adenocarcinoma Benign papilloma | | Papillary hyperplasia Squamous cell carcinoma | | ☐ Transitional cell carcinoma | | | |
| Stage of cancer Stage I | Stage II | Stage IIIA | Stage IV | | | | |
| or Stage 0 | Stage A | Stage B1 | Stage B2 | Stage C | Stage D1 | Stage D2 | |
| or Tis | TIN0M0 | T2N0M0 | T3N0M0 | ТЗВ МОМО | T4N1-3M0- | -1 | |
| lf the cancer was gra ☐Grade I | ded, select the grad | de assigned Grade III | Grade IV | | | | |
| How has the cancer been treated (select all that apply) Radical cystectomy (removal of bladder) Immunotherapy/biological therapy | | | Radiation therapy Photodynamic therapy | | ☐ Chemother☐ Endoscopic | | |
| Has there been any e | evidence of recurrences, provide details | | | | | | |
| List all current medica | ations being taken 1 | for any reason | | | | | |
| Name of Medication (prescription or otherwise) | | | Dates Used Quar | | ntity Taken | Frequency Taken | |
| | | | | | | | |
| | | | | | | | |
| 1 | | | | 1 | | | |

List any other major health problems the client has:



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