Underwriting Questionnaire
Bladder 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 bladder cancer diagnosed
☐ Adenocarcinoma   ☐ Papillary hyperplasia   ☐ Transitional cell carcinoma
☐ Benign papilloma   ☐ Squamous 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   ☐ T3BN0M0   ☐ T4N1-3M0-1

If the cancer was graded, select the grade assigned
☐ Grade I   ☐ Grade II   ☐ Grade III   ☐ Grade IV

How has the cancer been treated (select all that apply)
☐ Radical cystectomy (removal of bladder)   ☐ Radiation therapy   ☐ Chemotherapy
☐ Immunotherapy/biological therapy   ☐ Photodynamic therapy   ☐ Endoscopic resection

Has there been any evidence of recurrence?
☐ No   ☐ Yes, provide details _____

List all current medications being taken for any reason

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

List any other major health problems the client has:

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