## **Underwriting Questionnaire**

## **Brain Tumor**

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Producer Name		Phon	Phone [		Date		
Client Name		Date	of Birth		-		
☐ Male ☐ Female	Male 🗌 Female Face Amount			Max Premium \$		/yr.	
☐ Term ☐ Permanent	Has the clie	ent ever used any	form of tobacco (ciga	rettes, cigars, pip	e, snuff, etc.)?	□Yes □No	
Frequency		Date of la	Date of last use		Туре		
Date of diagnosis		Date	of last treatment				
Type of tumor □Glioma □Pineoblastoma	□Astrocytoma □Pineocytoma	☐Meningioma ☐Sarcoma	□Oligodendroglior □Schwannoma	na □Medu	lloblastoma		
Stage 🔲 🔠							
Treatment ☐Surgical resectio	n □Radio	therapy	☐Radiation [	□Radioactive imp	lants		
Describe any limitations in	physical or cogni	tive function					
Describe any additional tro	eatment for comp	lications (e.g. seiz	ures)				
Describe any evidence of	recurrence						
Name of Medication	n (prescription or a	otherwise)	Dates Used	Quantit	y Taken	Frequency Take	n
							-

List any other major health problems the client has:



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