

# Underwriting Questionnaire

## Brain Tumor



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 tumor

- Glioma  Astrocytoma  Meningioma  Oligodendroglioma  Medulloblastoma  
 Pineoblastoma  Pineocytoma  Sarcoma  Schwannoma

Stage  I  II  III  IV

Treatment

- Surgical resection  Radiotherapy  Radiation  Radioactive implants

Describe any limitations in physical or cognitive function

Describe any additional treatment for complications (e.g. seizures)

Describe any evidence of recurrence

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

List any other major health problems the client has: