Underwriting Questionnaire

Cancer - All Others



Producer Name	Phone	Date	• \
Client Name	Date of Birth		
☐ Male ☐ Female Face Amount	Max Premiur	m \$ /yr.	
☐ Term ☐ Permanent Has the client eve	r used any form of tobacco (cigarette	s, 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	i	
	emotherapy		
Grade of cancer	□IV □Other		
Stage of cancer	□IV □Other		
Any evidence of recurrence ☐Yes ☐No If yes	s, provide details		
Name of Medication (prescription or otherw	ise) 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.



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