Underwriting Questionnaire

Hodgkin's/Non-Hodgkin's Lymphoma



Producer Name							Date	Date		
☐ Male ☐ Female Face Amount				Max Premium S			um \$	/yr.		
☐ Term ☐ Permanent	На	s the cli	ent ever	used ar	ny form of tobacc	o (cigaret	tes, cigars, pipe,	snuff, etc.)	? □Yes □No	
requency				Date of last use			Type			
Type of Hodgkin's lymphoma Lymphocyte predominanceMixed cellularityOther				□ Nodular sclerosis □ Lymphocyte depletion						
Date of initial diagnosis				Da	te of last treatme	nt		_		
How has the disease been treated (select all that ap ☐ Chemotherapy ☐ Chemotherap ☐ Stem cell treatment ☐ Other				with a	alkylating agents		adiation therapy	/ <u></u> E	Bone marrow transplant	
Hodgkin's Stage		□II □B	□ III □ E	□IV						
Non-Hodgkin's Stage Non-Hodgkin's Grade Non-Hodgkin's Suffix	Low	□II □Intern □E	□III nediate	□ IV □ Hiợ	gh					
Any evidence of recurrence?)	□Yes	□No	lf y	es, provide detail	S				
Name of Medication (prescription or otherwis			otherwise	e)	Dates Us	ed	Quantity	Taken	Frequency Taken	

List any other major health problems the client has:



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