

# Underwriting Questionnaire

## Hodgkin's/Non-Hodgkin's Lymphoma



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 \_\_\_\_\_

Type of Hodgkin's lymphoma

- Lymphocyte predominance  Nodular sclerosis  
 Mixed cellularity  Lymphocyte depletion  
 Other \_\_\_\_\_

Date of initial diagnosis \_\_\_\_\_ Date of last treatment \_\_\_\_\_

How has the disease been treated (select all that apply)

- Chemotherapy  Chemotherapy with alkylating agents  Radiation therapy  Bone marrow transplant  
 Stem cell treatment  Other \_\_\_\_\_

Hodgkin's Stage  I  II  III  IV  
 Hodgkin's Subcategory  A  B  E

Non-Hodgkin's Stage  I  II  III  IV  
 Non-Hodgkin's Grade  Low  Intermediate  High  
 Non-Hodgkin's Suffix  B  E

Any evidence of recurrence?  Yes  No If yes, provide details

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

List any other major health problems the client has: