Underwriting Questionnaire
Leukemia

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 leukemia _____ Date of diagnosis _____ Date of treatment _____

☐ Acute Lymphoid/Acute Myeloid (AML) ☐ Chronic Lymphoid (CLL) ☐ Hairy cell ☐ Chronic Myeloid (CML)

Stage ☐ 0 ☐ I ☐ II ☐ III ☐ IV

Type of Treatment _____

Evidence of recurrence, relapse, or related illness ☐ Yes ☐ No If yes, provide details _____

_____

Has the client's spleen been removed as part of the treatment procedure? ☐ Yes ☐ No If yes, date _____

Most current blood count (CBC) readings
Date _____ White blood cells _____ Hemoglobin _____ Platelets _____

How frequently does the client visit his/her health care provider for checkups including blood counts? _____

_____

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

List any other major health problems the client has:

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