## **Underwriting Questionnaire**

## **Testicular Cancer**

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Producer Name	_ Phone	Date	- \	
Client Name	_ Date of Birth			
☐ Male ☐ Female Face Amount	Max Premiu	m \$ /yr.	/yr.	
☐ Term ☐ Permanent Has the client ever	used any form of tobacco (cigarette	es, cigars, pipe, snuff, etc.)?	□Yes □No	
Frequency	Date of last use	Type		
Date of diagnosis	Date of last treatment			
Type of cancer: ☐Seminoma ☐Non-Seminoma	□Non Germ Cell □Sa	rcoma		
Stage □I □II □III □IV or	□а □в □с			
How was the cancer treated (select all that apply) ☐Surgery ☐Radiation ☐Cher	motherapy   \text{Other}_			
How often does the client have a cancer screen to c	detect possible recurrence?			
Any evidence of recurrence □Yes □No If yes	s, provide details below			
Name of Medication (prescription or otherwis	Dates Used	Quantity Taken	Frequency Taken	

List any other major health problems the client has:



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