

Underwriting Questionnaire

Testicular Cancer



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 _____

Date of diagnosis _____ Date of last treatment _____

Type of cancer:

Seminoma Non-Seminoma Non Germ Cell Sarcoma

Stage

I II III IV or A B C

How was the cancer treated (select all that apply)

Surgery Radiation Chemotherapy Other _____

How often does the client have a cancer screen to detect possible recurrence? _____

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

| Name of Medication (prescription or otherwise) | Dates Used | Quantity Taken | Frequency Taken |
|--|------------|----------------|-----------------|
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List any other major health problems the client has: