Underwriting Questionnaire

Thyroid Cancer

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Producer Name			Date			
Client Name						
☐ Male ☐ Female Face Amount	Max Premium \$		n \$	/yr.		
☐ Term ☐ Permanent Has the client ever	used any form of t	obacco (cigarettes	s, cigars, pipe, sn	uff, etc.)?	∃Yes □No	
requency	Date of last use		Тур	e		
Date of diagnosis						
Type of thyroid cancer □Papillary □Mixed Papillary □Hurthle Cell □Primary thyroid lympho		□Medullary		naplastic		
Tumor confined ☐Yes ☐No Lymp	oh node involveme	nt/metastasis []Yes □No			
「umor size ☐ Less than 4 centimeters	☐4 centimeters	or more (extracap	sular extension)			
Stage of cancer						
Cancer treatment ☐Surgery ☐Radiation ☐Che	motherapy					
Treatment start date	. Treatment end	d date				
Any evidence of recurrence ☐Yes ☐No	If yes, provide date	details below				
Name of Medication (prescription or otherwis	e) Dat	tes Used	Quantity Tal	(en	Frequency Taken	
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List any other major health problems the client has:



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