Underwriting Ques	tionnai	re					
Uterus/Cervi	cal Ca	nce	r				Underwriting
Producer Name	Pho	one			Date	2	
Client Name	Da	Date of Birth					
☐ Male ☐ Female Face Amount			Max	Premiu	m \$	/yr.	
□ Term □ Permanent Has the c	lient ever used ar	y form of t	obacco (c	igarette	s, cigars, p	ipe, snuff, etc.)	? 🗆 Yes 🗌 No
Frequency	Date of	last use				Туре	
Type of cancer Endometrial Adenocarcinoma Leiomyosarcoma Cervical	Date of diag	nosis					
Stage of cancer Endometrial 0 1 Cervical 0 1	□1a □1b □1a □1b			□3 □2b	□4 □3	4	
Treatment Total hysterectomy Radi Cryosurgery/Laser Con	□Chemotherapy □Hormonal □LEEP				monal therapy		
Date treatment completed	An	y evidence	of recurre	ence 🗌]Yes 🗆	No	
Current frequency of checkups							
Date of most recent Pap smear		Resu	ults?				
Name of Medication (prescription of	otherwise)	Dates Used			Quantity Taken		Frequency Taken

List any other major health problems the client has:



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