

Underwriting Questionnaire

Uterus/Cervical 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 _____

Type of cancer

Endometrial Adenocarcinoma Leiomyosarcoma
 Cervical Date of diagnosis _____

Stage of cancer

Endometrial 0 1 1a 1b 1c 2 3 4
 Cervical 0 1 1a 1b 2 2a 2b 3 4

Treatment

Total hysterectomy Radiation therapy Chemotherapy Hormonal therapy
 Cryosurgery/Laser Cone biopsy LEEP

Date treatment completed _____ Any evidence of recurrence Yes No

Current frequency of checkups _____

Date of most recent Pap smear _____ Results? _____

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

List any other major health problems the client has: