

Agent Name: _____ Agent Phone: _____ Agent Email: _____

CLIENT NAME: _____ **Date:** _____

Male Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: Never used Totally stopped Date stopped: _____ Use now Type of nicotine product: _____

Type of Coverage: Term UL Survivor **Type of Coverage:** Term UL Survivor UL

Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date of diagnoses: _____ / _____ / _____
2. How was the cancer treated? (check all that apply)
 Surgery Radiation Chemotherapy
3. What stage was the cancer?
 Stage I Stage II Stage III Stage IV
4. Has there been any evidence of recurrence? No Yes; please give details _____

5. Please give the date and result of the most recent CA 125 (if available): _____

6. List all medications client is taking. (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

7. Are there any other health problems? (additional questionnaires may be required) No Yes; please give details

The above information is for preliminary underwriting purposes only and will not be made part of any contract.