

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?

- ☐ Excisional biopsy only
☐ Lumpectomy or wide excision
☐ Mastectomy
☐ Radiation therapy
☐ Chemotherapy
☐ Hormonal therapy (tamoxifen)

3. List date treatment was completed: _____

4. Is client on any medications? ☐ No ☐ Yes; please give details _____

5. What stage was the cancer?

- ☐ Stage 0 (in-situ) ☐ Stage I ☐ Stage II ☐ Stage III ☐ Stage IV

6. Were lymph nodes involved? ☐ No ☐ Yes; If yes, how many? _____

7. Has there been any evidence of recurrence? ☐ No ☐ Yes; please give details _____

8. Date and results of last mammogram: _____

9. Are there any other health issues? (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.