

**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

**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?

- Date(s) of diagnoses: \_\_\_\_\_
- What was the type of cancer was diagnosed?  Basal cell carcinoma  Squamous cell carcinoma  Malignant melanoma
- Where was the skin cancer located?  
\_\_\_\_\_
- Has the cancer metastasized (spread) beyond the skin?  No  Yes; please give details  
\_\_\_\_\_
- Has there been any evidence of recurrence?  No  Yes; please give details  
\_\_\_\_\_
- For malignant melanoma only, what stage was the cancer?  
 Clark I/in situ  Clark II/Breslow < 0.75mm  Clark III/Breslow .75–1.5mm  
 Clark IV/Breslow 1.51–4.0mm  Clark V/Breslow > 4.0mm

7. What medications is client taking? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

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