

**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?

1. What type of cancer was diagnosed? \_\_\_\_\_
2. List date of first diagnosis: \_\_\_\_\_
3. Is there a family history of cancer?  No  Yes; please give details

\_\_\_\_\_

\_\_\_\_\_

4. How was the cancer treated?  
 Surgery  Chemotherapy  Radiation therapy  Hormonal therapy  Immunotherapy  
 Other (give full details): \_\_\_\_\_

5. List date treatment was completed: \_\_\_\_\_

6. What was the stage and grade of the cancer? \_\_\_\_\_

7. Has there been any evidence of reoccurrence?  No  Yes; please give details

\_\_\_\_\_

\_\_\_\_\_

8. What did the pathology report reveal?

\_\_\_\_\_

\_\_\_\_\_

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

(Accurate) Name of Medication	Dosage	Reason