CANCER

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. 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)

(Accurate) Name of Medication	Dosage	Reason

FAMILY HISTORY (ADDENDUM)

CLIENT NAME: ____ **Date:** _______________________

☐ Male ☐ Female Date of birth: ____________ Height: _____’ _____” Weight: ____________

1. Has the proposed insured had relative(s) with any of the following:

☐ Parent

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: ____________________ Date of death: ____________________

☐ Brother

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: ____________________ Date of death: ____________________

☐ Sister

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: ____________________ Date of death: ____________________

2. If yes to any of the above, please provide details/information