

# 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 |
|-------------------------------|--------|--------|
|                               |        |        |
|                               |        |        |
|                               |        |        |