

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(s) of diagnoses: _____

2. What was the type of cancer was diagnosed? Basal cell carcinoma Squamous cell carcinoma Malignant melanoma

3. Where was the skin cancer located? _____

4. Has the cancer metastasized (spread) beyond the skin?

No Yes; please give details _____

5. Has there been any evidence of recurrence?

No Yes; please give details _____

6. 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

9. Is client on any medications? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

10. Does client have any other health issues? (additional questionnaires may be required) No Yes; please give details

