

**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 of diagnoses: \_\_\_\_\_

2. Indicate the type of lymphoma:

Hodgkin's Lymphoma  Non-Hodgkin's Lymphoma—low grade

Non-Hodgkin's Lymphoma—intermediate-grade

Non-Hodgkin's Lymphoma—high grade

3. What was the staging at the time of diagnosis?

Stage I  Stage II  Stage III  Stage IV

4. Please note if any of the following were present at time of diagnosis (check all that apply):

Type B symptoms (fever, weight loss, and/or night sweats)

Large mediastinal (chest) disease (tumor > 7.5 cm)

Elevated LDH (blood test)

More than 1 extranodal site involved

5. What treatment did client receive? (check all that apply)

Chemotherapy  Radiation  Surgery

What was the date of the last treatment? \_\_\_\_\_

6. List all medications client is taking. (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

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

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