

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 Disability **Coverage Amount:** _____

Annual Income: _____ **Occupation/Job duties:** _____ **State of Residence:** _____

Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by 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: _____ Type of bladder cancer: _____

2. How was the cancer treated? (check all that apply)

- Endoscopic resection only
- Endoscopic resection and chemotherapy instilled in the bladder
- Radical cystectomy (removal of the bladder)
- Radiation therapy
- Systemic chemotherapy

3. What stage was the cancer?

- Tis T1 T2b T3b
 - Ta T2a T3a T4
- Grade (if applicable): __ 1 __ 2 __ 3 __ 4

4. Has there been any evidence of recurrence?

No Yes; please give details _____

5. Please give the date and result of the most recent cystoscopy and urine cytology: _____

6. What medications is client taking? (accurate name, dosage, and reason) _____

7. Are there any other health problems? (additional questionnaires may be required) _____

8. Has there been any evidence of recurrence? (if yes, give details) _____

9. Are there any other health problems? No Yes; please give details _____