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. 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? _____ (carriers specifically need the TNM staging where applicable)

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 details)

(Accurate) Name of Medication	Dosage	Reason

