CANCER—SKIN

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(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

_____

_____

 © Copyright January 2011. The National Association of Independent Life Brokerage Agencies (NAILBA). All rights reserved.