

Field Underwriting Questionnaire - Cancer

Name: _____

Male Female DOB _____

Height _____ Weight _____

Smoker? Yes No

Amount \$ _____ Plan _____

Other Company's Action:

- Postponed Declined
- Rated Table _____

3. Stage of tumor or malignancy

- 1 2B 3B Other
- 2 3 4
- 2A 3A 5

4. Please check all treatments

- Surgical removal of malignancy
- Chemotherapy
- Radiation therapy
- Hormonal (orchidectomy-Des. Lupron)
- Other _____

5. When was treatment last received?

Month/year _____

6. Has there been any medical evidence of recurring cancer?

- No Yes Month/year _____

7. Please list any other illness or impairment.

8. Please list any medication currently taken.

*If melanoma or skin cancer checked, indicate type and where on the body cancer was located.

Type _____ Location _____

9. Answer if colon or rectal cancer are involved.

Dukes Scale

- A1 C1
- B1 C2
- B D

10. Answer if melanoma is involved.

Clarks Level

- I IV
- II V
- III

11. Answer if prostate cancer is involved.

What were the results of your most recent PSA test?

Gleasons Grade

- I III
- II IV

12. Has either parent, or any sibling died before age 65, other than by accident?

- No Yes, list cause

NOTES: _____

Agent _____

Address _____

2. Date diagnosed? _____

Month/year _____

Phone _____

Fax _____
