



Field Underwriting Questionnaire - Cancer

Name: _____

Male Female DOB _____

Height _____ Weight _____

Smoker? Yes No

Amount \$ _____ Plan _____

Other Company's Action:
 Postponed Declined
 Rated Table _____

1. Type of malignancy or cancer?
- Bladder
 - Breast
 - Cervical
 - Colon or rectal (complete #9)
 - Hodgkin Disease
 - Melanoma (complete question #10)
 - Prostate (complete question #11)
 - Skin*
 - Other _____

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

Type _____ Location _____

2. Date diagnosed?
 Month/year _____

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.

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 _____

Phone _____

Fax _____