

Client Name: _____ Date of Birth: _____

 Gender: Male Female Height: _____ Weight: _____

Tobacco Usage:

 Never
 Former Date Stopped: _____
 Current Type: _____

Coverage Information:

 Type: Term UL IUL
 WL VUL Survivorship

Face Amount: _____

Premium Tolerance: _____

Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis _____

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

 Endoscopic resection only Endoscopic resection and chemotherapy instilled in the bladder
 Radical cystectomy Radiation therapy Systemic chemotherapy

3. Date treatment was completed: _____

4. What stage was the cancer?

 TA Tis T1 T2 T2A
 T2B T3 T4

6. Has there been any evidence of recurrence?

 No Yes, please give details _____

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

8. Please list current medications

Name of Medication	Dosage	Reason

 9. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: _____