

Client Name: _____ Date of Birth: _____

 Gender: Male Female Height: _____ Weight: _____

 Tobacco Usage: Never Former Current Date Stopped: _____ 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. What stage was the cancer?
 0 IA IB IIA IIB
 III IV

 3. How was the cancer treated? (check all that apply)
 Cone surgery Total Hysterectomy Radiation Therapy
 Chemotherapy

4. Date treatment was completed: _____

 5. Has there been any evidence of recurrence? No Yes

If yes, please provide details: _____

6. Please list current medications

Name of Medication	Dosage	Reason

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

If yes, please provide details: _____