

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?

- 
- Tis
- 
- I
- 
- IIA
- 
- IIB
- 
- III
- 
- IV

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

- 
- Surgery
- 
- Surgery plus chemotherapy/radiation

4. Date treatment was completed: \_\_\_\_\_

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

If yes, please provide details: \_\_\_\_\_

6. When was the last colonoscopy and CEA level? Please give date and result. Date: \_\_\_\_\_

Result: \_\_\_\_\_

7. Please list current medications

Name of Medication	Dosage	Reason

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

If yes, please provide details: \_\_\_\_\_