

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 type of lymphoma was diagnosed?  Hodgkin's Lymphoma  Non-Hodgkin's - low grade

 Non-Hodgkin's - intermediate grade  Non-Hodgkin's - high grade

3. What was the staging at the time of diagnosis?

 I

 II

 III

 IV

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

 Surgery

 Radiation

 Chemotherapy

5. Date of last treatment? \_\_\_\_\_

6. Please note if any of the following were present at the time of diagnosis (check all that apply)

 Type B Symptoms (fever, weight loss, night sweats)

 Large mediastinal disease (tumor > 7.5cm)

 Elevated LDH (blood test)

 More than 1 extranodal site involved

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: \_\_\_\_\_

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