

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?

-
- I
-
- II
-
- III
-
- IV

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

-
- Surgery
-
- 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 give the date and result of the most recent CA 125, if available: _____

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: _____