

Client Name: _____ Date of Birth: _____

 Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: _____ Coverage Information: _____

 Never
 Former Date Stopped: _____
 Current Type: _____

 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 was the type of testicular cancer? Seminoma Non-seminoma

 3. What stage was the cancer? I II III

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

 Surgery Chemotherapy Radiation therapy

5. Date treatment was completed: _____

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

If yes, please provide details: _____

7. Please give the date and result of the most recent AFP or HGC test: _____

 8. Is there a family history of cancer? No Yes

If yes, please provide details: _____

9. Please list current medications

Name of Medication	Dosage	Reason

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

If yes, please provide details: _____