

Agent: Phone:						Fax:		
Proposed Insured Name:							irth:	
Face Amount:		Max. Pr	Max. Premium: \$/ year			L WL Term Survivorship		
Do you currently smoke cigarettes?								
Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum):								
If Yes, please provide details:								
When did you last use any form of tobacco: (Month) (Year) Type used last:								
Height: ft in. Weight: lbs.								
(1) Date of Diagnosis: Date of last treatment:								
(2) Exact name of the type of bladder cancer that has been diagnosed:								
(3) What was the Stage of the cancer?								
Stage I	Stage II	Stage IIIA	Stage IIIB	☐ Stage I	V			
or ☐ Stage 0	☐ Stage A	Stage B1	☐ Stage B2	☐ Stage C	C	Stage D1	Stage D2	
<i>or</i> □Tis	☐ T1N0M0	☐ T2N0M0	☐ T3N0M0	☐ T3BN0	)M0	☐ T4N1-3M0-1		
(4) Was the cancer Graded? If yes, what Grade was assigned?								
Grade I	Grade II	Grade III	Grade IV					
(5) How has the cancer been treated? (please check all that apply)								
☐ Surgery ☐ Radiation Therapy ☐ Chemotherapy ☐ Immunotherapy / biological therapy ☐ Photodynamic therapy								
(6) Has there been any evidence of recurrence?								
□No □Yes Details:								
(7) Has there ever been any other kind of other cancer diagnosed for the proposed insured?								
□No □Yes Details:								
(8) Does the proposed insured have any other medical conditions? If yes, please describe:								
(9) Please list all current medications that are being taken for any reason:								
Name of medication (prescription or otherwise)  Dates used  Quantity taken  Frequency taken								
Traine of in		iption of otherwi	.50)	Dates used		Quantity taken	Trequency taken	