



Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Proposed Insured Name: \_\_\_\_\_  M  F Date of birth: \_\_\_\_\_

Face Amount: \_\_\_\_\_ Max. Premium: \$ \_\_\_\_\_ / year  UL  WL  Term  Survivorship

Do you currently smoke cigarettes?  Y  N If no, did you ever smoke:  Never  Quit (Date): \_\_\_\_\_

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...):  Y  N

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 breast cancer that has been diagnosed:** \_\_\_\_\_

(3) **What was the Stage of the cancer?**

- Stage 0 - Ductile carcinoma in-situ  Stage 0 - Lobular carcinoma in-situ  Stage 0 - Paget's disease of nipple  
 Stage I  Stage II  Stage IIIA  Stage IIIB  Stage IV

(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)**

- Excisional biopsy (limited excision)  Lumpectomy (wide excision)  
 Partial Mastectomy  Modified Radical Mastectomy  Radical Mastectomy  
 Radiation Therapy  
 Chemotherapy  
 Hormone Therapy  
 Bone Marrow Transplant

(6) **Does the proposed insured take any medications at this time?**  No  Yes

Name of medication (prescription or otherwise)	Dates used	Quantity taken	Frequency taken

(7) **Has there ever been any evidence of recurrence?**

- No  Yes Details: \_\_\_\_\_

(8) **Has there ever been any other kind of other cancer diagnosed for the proposed insured?**

- No  Yes Details: \_\_\_\_\_

(9) **Does the proposed insured have any other medical conditions? If yes, please describe:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_