



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 first diagnosis:** \_\_\_\_\_

**(2) Date of last treatment:** \_\_\_\_\_

**(3) Stage and grade of the cancer:**

- In situ       Dukes' Stage B1       Dukes' Stage C1       Dukes' Stage D  
 Dukes' Stage A       Dukes' Stage B2       Dukes' Stage C2       Other: \_\_\_\_\_

Other staging system used: \_\_\_\_\_ Stage of cancer: \_\_\_\_\_ Grade of cancer: \_\_\_\_\_

**(4) How has the cancer been treated? (please check all that apply)**

- Surgery       Radiation       Chemotherapy  
 Other: \_\_\_\_\_

**(5) Is the proposed insured currently taking any medications? If yes:**

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

**(6) How often does the proposed insured have a cancer screen to detect possible recurrence?**

- Every 3 months       Every 6 months       Yearly       Every 2 years       Every 5 years

**(7) Has there been any evidence of recurrence? If yes, please provide details:** \_\_\_\_\_

**(8) Does the proposed insured have any other medical conditions or are there other underwriting conditions?**

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