



# EMG Insurance Brokerage

## CANCER GENERAL CANCER QUESTIONNAIRE

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) Exact name of the cancer: \_\_\_\_\_

(2) a) Date of diagnosis: \_\_\_\_\_ b) Date of last treatment: \_\_\_\_\_

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

Surgery  Radiation  Chemotherapy  Hormone Therapy  Immunotherapy  Observation only

(4) What was the Grade of the cancer?

I (1)  II (2)  III (3)  IV (4)  Other: \_\_\_\_\_

(5) What was the Stage of the cancer?

I (1)  II (2)  III (3)  IV (4)  Other: \_\_\_\_\_

A  A1  A2

B  B1  B2

C  C1  C2

D  D1  D2

(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 been any evidence of recurrence?  No  Yes Details: \_\_\_\_\_

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

If at all possible, please obtain and fax to us the 1 - 2 page "pathology report". Your client may have this report handy. If not, it is normally possible for your client to get this report faxed free of charge. It will enable us to work with you prior to a formal application to determine if coverage is now available, at which insurance company, and for what likely premium. Thank you.