



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) *Type of Hodgkin's lymphoma:*  Lymphocyte predominance  Nodular sclerosis  
 Mixed cellularity  Lymphocyte depletion  
 Other: \_\_\_\_\_

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

- (3) *How has the Hodgkin's lymphoma been treated? (please check all that apply)*
- Chemotherapy  Chemotherapy with alkylating agents  Radiation Therapy  Bone marrow transplant  
 Other: \_\_\_\_\_

(4) *What was the Stage and Subcategory of the Hodgkin's lymphoma?*

- Stage  I  II  III  IV
- Subcategory:  A  B  E

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

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

(6) *Has there been any evidence of recurrence?*  No  Yes Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(7) *Are there any other medical issues for which the proposed insured has sought medical advice in the past five to ten years:*

\_\_\_\_\_

\_\_\_\_\_