



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 Subcategory: A
 II B
 III E
 IV

(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:

