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### CANCER — LEUKEMIA 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 leukemia: \_\_\_\_\_

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

(3) What was the Stage of the leukemia?  0  I  II  III  IV

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

Radiation: dates, frequency: \_\_\_\_\_

Chemotherapy: dates, types: \_\_\_\_\_

(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 or relapse of the leukemia or related illness?

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

(7) Has the proposed insured's spleen been removed as part of the treatment procedure?  No  Yes, date: \_\_\_\_\_

(8) What are the most current blood count (CBC) readings for:

Date of last count: \_\_\_\_\_ White blood cells: \_\_\_\_\_ Hemoglobin: \_\_\_\_\_ Platelets: \_\_\_\_\_

(9) How frequent does the proposed insured visit his/her health care provider for checkups including blood counts? \_\_\_\_\_

(10) Does the proposed insured have an unusually high frequency of colds, flues, or pneumonia? If yes, describe: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_