



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/Therapy (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: _____