



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) a) Please provide date of diagnosis: \_\_\_\_\_ b) Please provide date of last treatment: \_\_\_\_\_

(2) What was the exact name of the ovarian cancer: \_\_\_\_\_

(3) What was the Stage of the cancer diagnosed? (this information should be contained in the pathology report)

I  II  III  IV Other staging method used: \_\_\_\_\_

(4) If the cancer was graded, what grade was assigned?

I  II  III  IV Other grading method used: \_\_\_\_\_

(5) How has the cancer been treated?

Surgery: what was removed? \_\_\_\_\_

Radiation  Chemotherapy  Biological Therapy  Hormone Therapy

Other: \_\_\_\_\_

(6) What is the most current reading for the CA 125 marker? \_\_\_\_\_ Date of this most recent reading: \_\_\_\_\_

(7) Please describe any recurrence or other cancer that may have occurred: \_\_\_\_\_

(8) Has the proposed insured taken any medications to treat the cancer in the past and/or is he currently taking any medications?

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

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

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