



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 cancer:** \_\_\_\_\_

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

**(3) How has the cancer been treated?**

Surgery - Date(s): \_\_\_\_\_ Other: \_\_\_\_\_

**(4) What was the Clark Level of the cancer? (malignant melanoma only)**

I (1)  II (2)  III (3)  IV (4)  V (5)

**(5) What was the Breslow Scale of the cancer? (malignant melanoma only)**

In-situ  0.74 mm or less  0.75 mm to 1.50 mm  1.51 mm to 4.00 mm  4.01 mm plus

**(6) Was any other Grade assigned to the cancer? If yes, please indicate what Grade was assigned:**

I (1)  II (2)  III (3)  IV (4)

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

**(8) Does the proposed insured take any medications at this time?**

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:**

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