ELITE MARKETING GROUP
An insurance Designers member since 1986

CANCER — TESTICULAR CANCER 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) Date of first diagnosis: _____

(2) Date of last treatment: _____

(3) Exact name of the cancer: _____

(4) Stage of the cancer:

☐ I ☐ II ☐ III ☐ IV ***or*** ☐ A ☐ B ☐ C

(5) How has the cancer been treated? (please check all that apply)

☐ Surgery ☐ Radiation ☐ Chemotherapy ☐ Other: _____

(6) Is the proposed insured currently taking any medications? If yes:

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

(7) How often does the proposed insured have a cancer screen to detect possible recurrence?

☐ Every 3 months ☐ Every 6 months ☐ Yearly ☐ Every 2 years ☐ Every 5 years

(8) Has there been any evidence of recurrence? If yes, please provide details: _____

_____

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

_____

_____

_____

_____