



CLIENT NAME:			Date:	
☐ Male ☐ Female Date of birth: _	nt:	Weight:		
Tobacco Use: □ Never used □ Totally stopped Date stopped: □ Use now Type of nicotine product:				
Type of Coverage: □ Term □ UL □ Survivor Type of Coverage: □ Term □ UL □ Survivor UL				
Coverage Amount: Anticipated Premium:				
FAMILY HISTORY Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide? If yes, use separate sheet to provide this information, including age of onset and date of death				
PROPOSED INSURED'S EXISTING INSURANCE				
Full Name of Company Face Amou		nt	Year Issued	Is Policy to be Replaced?
1. What type of cancer was diagnosed?				
2. List date of first diagnosis:				
3. Is there a family history of cancer?				
□ No □ Yes; please give details				
4. How was the cancer treated? □ Surgery □ Chemotherapy □ Radiation therapy □ Hormonal therapy □ Immunotherapy □ Other (give full details)				
5. List date treatment was completed:				
6. What was the stage and grade of the cancer?				
7. Has there been any evidence of reoccurrence? \square No \square Yes; please give details				
8. What did the pathology report reveal?				
9. What medications is client taking? (accurate name, dosage, and reason details)				
(Accurate) Name of Medication		Dosage	Reason	