



		Date:		
☐ Male ☐ Female Date of birth: Height: 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	ınt	Year Issued	Is Policy to be Replaced?
1. Date of diagnoses:				
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2. What is the current stage of the leukemia?				
□ Stage 0 □ Stage 1 □ Stage II □ Stage III □ Stage IV				
3. Please provide results of the most recent CBC (complete blood count):				
□ Date				
☐ Hemoglobin				
☐ White blood cell count				
□ Platelet count				
4. List all medications client is taking. (accurate name, dosage, and reason)				
(Accurate) Name of Medication		Dosage	Reason	
5. Are there any other health problems? (additional questionnaires may be required) \square No \square Yes; please give details				