CANCER-BREAST 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. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Date of diagnosis: _____ ***Date of last treatment:*** _____

(2) Exact name of the type of breast cancer that has been diagnosed: _____

(3) What was the Stage of the cancer?

❒ Stage 0 - Ductile carcinoma in -situ ❒ Stage 0 - Lobular carcinoma in -situ ❒ Stage 0 - Paget's disease of nipple

❒ Stage I ❒ Stage II ❒ Stage IIIA ❒ Stage IIIB ❒ Stage IV

(4) Was the cancer Graded? If so, what Grade was assigned?

❒ Grade I ❒ Grade II ❒ Grade III ❒ Grade IV

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

❒ Excisional biopsy (limited excision) ❒ Lumpectomy (wide excision)
❒ Partial Mastectomy ❒ Modified Radical Mastectomy ❒ Radical Mastectomy
❒ Radiation Therapy
❒ Chemotherapy
❒ Hormone Therapy
❒ Bone Marrow Transplant

(6) Does the proposed insured take any medications at this time? ❒ No ❒ Yes:

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(7) Has there been any evidence of recurrence?

❒ No ❒ Yes Details: _____

(8) Has there ever been any kind of other cancer diagnosed for the proposed insured?

❒ No ❒ Yes Details: _____

_____

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

_____

_____