

Agent: _____	Phone: _____	Fax: _____
Proposed Insured Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth: _____		
Face Amount: _____ Max. Premium: \$_____/year <input type="checkbox"/> UL <input type="checkbox"/> WL <input type="checkbox"/> Term <input type="checkbox"/> Survivorship		
Do you currently smoke cigarettes? <input type="checkbox"/> Y <input type="checkbox"/> N If no, did you ever smoke: <input type="checkbox"/> Never <input type="checkbox"/> Quit (Date): _____		
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): <input type="checkbox"/> Y <input type="checkbox"/> N		
If Yes, please provide details: _____		
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____		

(1) **Exact name of the cancer:** _____

(2) **Date of diagnosis:** _____ **b) Date of last treatment:** _____

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

- Surgery Radiation Chemotherapy Hormone Therapy Immunotherapy Observation Only

(4) **What was the Grade of the cancer?**

- I(1) II(2) III(3) IV(4) Other: _____

(5) **What was the Stage of the cancer?**

- I(1) II(2) III(3) IV(4) Other: _____

- A A1 A2
 B B1 B2
 C C1 C2
 D D1 D2

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

If at all possible, please obtain and fax to us the 1 - 2 page "pathology report". Your client may have this report handy. If not, it is normally possible for your client to get this report faxed free of charge. It will enable us to work with you prior to a formal application to determine if coverage is now available, at which insurance company, and for what likely premium. Thank you.

