CANCER–SKIN 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) Exact name of the cancer: _____

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

(3) How has the cancer been treated?

❒ Surgery - Date(s): _____ ❒ Other: _____

(4) What was the Clark Level of the cancer (malignant melanoma only)?

❒ I (1) ❒ II (2) ❒ III (3) ❒ IV (4) ❒ V (5)

(5) What was the Breslow Scale of the cancer (malignant melanoma only)?

❒ In-situ ❒ 0.74 mm or less ❒ 0.75 mm to 1.50 mm ❒ 1.51 mm to 4.00 mm ❒ 4.01 mm plus

(6) Was any other Grade assigned to the cancer? If yes, please indicate what Grade was assigned:

❒ I (1) ❒ II (2) ❒ III (3) ❒ IV (4)

(7) Has there been any evidence of recurrence?

❒ No ❒ Yes Details: _____

(8) Does the proposed insured take any medications at this time?

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

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

_____

_____

_____

_____

65 Madison Avenue, Suite 200, PO Box 1940, Morristown, NJ 07945-1940 973.539.3232 Fax: 973.539.3737

MADISON BROKERAGE