

Agent: _____ **Phone:** _____ **Fax:** _____

Proposed Insured Name: _____ (M or F): _____ Age: _____

Face Amount: _____ Max Premium \$: _____ / year Type: (UL, WL, Term, or Survivorship) _____

Do you currently smoke cigarettes? (Y or N): _____ If no, did you ever smoke: (Y or N): _____ Quit date: _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...):

If Yes, please provide details: _____

When did you last use any form of tobacco: (Month) _____ (Year) _____ Type used last: _____

Exact name of the leukemia: _____

Date of diagnosis: _____ Date of last treatment: _____ Stage: _____

How has the leukemia been treated:

Radiation: dates, frequency: _____

Chemotherapy: dates, types: _____

Does the proposed insured take any medications at this time? (Y or N): _____

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

Has there been any evidence of recurrence or relapse of the leukemia or related illness?

Has the proposed insured's spleen been removed as part of the treatment procedure? (If Yes, Please give date) _____

What are the most current blood count (CBC) readings for:

Date of last count: _____ White blood cells: _____ Hemoglobin: _____ Platelets: _____

How frequent does the proposed insured visit his/her health care provider for checkups including blood counts?

Does the proposed insured have an unusually high frequency of colds, flues, or pneumonia? (If Yes, please give details)

Does the proposed insured have any other medical conditions? (If Yes, please give details)
