CANCER—TESTICULAR 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 first diagnosis: _____

(2) Date of last treatment: _____

(3) Exact name of the cancer: _____

(4) Stage of the cancer:

❒ I ❒ II ❒ III ❒ IV **or** ❒ A ❒ B ❒ C

(5) How was the cancer treated? Please check all that apply:

❒ Surgery ❒ Radiation ❒ Chemotherapy ❒ Other: _____

(6) Is the proposed insured currently taking any medications? If yes:

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

(7) How often does the proposed insured have a cancer screen to detect possible recurrence?

❒ Every 3 months ❒ Every 6 months ❒ Yearly ❒ Every 2 Years ❒ Every 5 years

(8) Has there been any evidence of recurrence? If yes, please provide details: _____

_____

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

_____

_____

_____

_____