

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Male  Female Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_

**Tobacco Use:**  Never used  Totally stopped Date stopped: \_\_\_\_\_  Use now Type of nicotine product: \_\_\_\_\_

**Type of Coverage:**  Term  UL  Survivor **Type of Coverage:**  Term  UL  Survivor UL

**Coverage Amount:** \_\_\_\_\_ **Anticipated Premium:** \_\_\_\_\_

**FAMILY HISTORY**

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?  
***If yes, use separate sheet to provide this information, including age of onset and date of death***

**PROPOSED INSURED'S EXISTING INSURANCE**

Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date of diagnoses: \_\_\_\_\_

2. How was the cancer treated? (check all that apply)

- Endoscopic resection only
- Endoscopic resection and chemotherapy instilled in the bladder
- Radical cystectomy (removal of the bladder)
- Radiation therapy
- Systemic chemotherapy

3. What stage was the cancer?

- Tis  T  T  T4
- Ta  T2  T3b

4. Has there been any evidence of recurrence?

- No  Yes; please give details \_\_\_\_\_

5. Please give the date and result of the most recent cystoscopy and urine cytology: \_\_\_\_\_

6. What medications is client taking? (accurate name, dosage, and reason) \_\_\_\_\_

7. Are there any other health problems? (additional questionnaires may be required) \_\_\_\_\_

8. Has there been any evidence of recurrence? (if yes, give details) \_\_\_\_\_

9. Are there any other health problems?  No  Yes; please give details \_\_\_\_\_