

**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 diagnosis: \_\_\_\_\_

2. Was the thyroid disease diagnosed as (more than one is possible)?

- Goiter  
 Thyroid nodule  
 Hyperthyroidism  
 Hypothyroidism

3. How is the thyroid disease being treated?

- Surgery  
 Radioactive iodine  
 Medication

Please give details: \_\_\_\_\_

4. Has a biopsy or fine needle aspiration (FNA) been done?  No  Yes; please provide a copy of the report.

5. Has client had an ultrasound or radioactive scan of the thyroid?  No  Yes; please provide a copy of the report.

6. Is client taking any medication, including inhalers? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

6. Are there any other health problems? (additional questionnaires may be required)  No  Yes; please give details

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