

Cancer Questionnaire

Agent Name: _____ Phone #: _____ E-mail: _____
Client Name: _____ Date of Birth: _____ Sex: Male / Female
Height: _____ Weight: _____ State: _____ Smoker: Y / N Face Amount: _____
Type of Insurance: Universal Life Whole Life Survivorship Term (# of years _____)

1. When was the proposed insured first diagnosed with cancer? _____

2. Where was the cancer found? _____
If the proposed insured was diagnosed with breast cancer, thyroid cancer, testicular cancer or prostate cancer, complete the specific questionnaire.

3. What was the grade, stage and size of the cancer? _____

4. Did the cancer spread to lymph nodes or other organs? Yes No
If yes, provide details and location(s): _____

5. Has the aneurysm changed in size or location since the time it was first diagnosed? Yes No

6. What treatments did the proposed insured receive?

<input type="checkbox"/> Surgery	Date and details: _____
<input type="checkbox"/> Chemotherapy	How long did it last: _____
<input type="checkbox"/> Radiation	How long did it last: _____

7. Is the proposed insured current taking any medication(s)? Yes No
If yes, provide name, dosage and frequency of medication(s) _____

FAX TO 603-778-7918 or E-MAIL TO sdonovan@uuinc.com.