

Leukemia 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 Leukemia? _____

2. What type of Leukemia has been diagnosed?

 Acute Myelogenous Leukemia Chronic Myelogenous Leukemia
 Acute Lymphocytic Leukemia Chronic Lymphocytic Leukemia
 Other: _____

3. What stage of Leukemia was diagnosed?

 Stage 0 Stage 1 Stage 2 Stage 3 Stage 4

4. What treatments has the proposed insured received? (Check all that apply.)

 Surgery Chemotherapy
 Radiation Biological therapy
 Bone marrow transplant Other: _____

5. What were the results of the most recent Complete Blood Count (CBC)?

Date of test: _____
Hemoglobin: _____
White Blood Count: _____
Platelet Count: _____

6. Is the proposed insured currently in remission? Yes No

If yes, as of what date? _____

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.