United Underwriters Incorporated
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Prostate 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 _____)

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

2. What was the proposed insured's PSA at the time of diagnosis? _____

3. What was the proposed insured's Gleason Score at the time of diagnosis? _____

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

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

6. What treatments did the proposed insured receive?

___ Surgery Date and details: _____
___ Chemotherapy How long did it last: _____
___ Radiation How long did it last: _____

7. What is the proposed insured's PSA now? _____

8. 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.

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