

# Testicular 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 testicular cancer? \_\_\_\_\_

2. What stage was diagnosed?  Stage 1  Stage 2  Stage 3

3. What was the cellular classification?  Seminoma  Non-Seminoma

4. Did the cancer spread to lymph nodes or other organs?  Yes  No

If yes, provide details and location(s): \_\_\_\_\_  
\_\_\_\_\_

5. 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: _____

6. 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](mailto:sdonovan@uuinc.com).