

**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

**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?

- Date of diagnoses: \_\_\_\_\_
- How was the cancer treated? (check all that apply)
  - Endoscopic resection only  Radical cystectomy (removal of the bladder)  Systemic chemotherapy
  - Endoscopic resection and chemotherapy instilled in the bladder  Radiation therapy
- What stage was the cancer?
  - Tis  T  T4
  - Ta  T2  T3b
- Has there been any evidence of recurrence?  No  Yes; please give details

\_\_\_\_\_

\_\_\_\_\_

5. Please give the date and result of the most recent cystoscopy and urine cytology:

\_\_\_\_\_

6. What medications is client taking? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

7. Are there any other health problems?  No  Yes; please give details

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