

Full Name: _____ M F Date of Birth: _____

Face Amount: _____ Max. Premium: \$ _____/year UL WL Term Survivorship

Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____

Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): Y N

If Yes, please provide details: _____

When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

1. Date of diagnosis: _____ Date of last treatment: _____

2. Exact name of the type of bladder cancer that has been diagnosed: _____

3. What was the stage of the cancer?

- Stage I Stage II Stage IIIA Stage IIIB Stage IV
or
 Stage 0 Stage A Stage B1 Stage B2 Stage C Stage D1 Stage D2
or
 Tis T1N0M0 T2N0M0 T3N0M0 TBN0M0 T4N1-3MO-1

4. Was the cancer graded? If yes, what grade was assigned?

- Grade I Grade II Grade III Grade IV

5. How has the cancer been treated (please check all that apply)?

- Surgery Radiation Therapy Chemotherapy Immunotherapy/Biological Therapy Photodynamic Therapy

6. Has there been any evidence of recurrence?

- No Yes Details: _____

7. Have you received any other cancer diagnoses?

- No Yes Details: _____

8. Do you have any other medical conditions? If yes, please describe:

9. Please list all current medication that are being taken for any reason:

Name of Medication (Prescription or Otherwise)	Dates used	Quantity taken	Frequency taken