



Full Name: _____ M F Date of Birth: _____
 Face Amount: _____ Max. Premium: \$ _____/year UL WL Term Survivorship
 Do you currently smoke cigarettes? Y If no, did you ever smoke: eve Quit (Date): _____
 Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): Y
 If Yes, please provide details: _____
 When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Exact name of the cancer: _____

(2) Date of diagnosis: _____ b) Date of last treatment: _____

(3) How has the cancer been treated (please check all that apply)?
 Surgery Radiation Chemotherapy Hormone Therapy Immunotherapy Observation Only

(4) What was the Grade of the cancer?
 I(1) II(2) III(3) IV(4) Other: _____

(5) What was the Stage of the cancer?
 I(1) II(2) III(3) IV(4) Other: _____
 A A1 A2
 B B1 B2
 C C1 C2
 D D1 D2

(6) Do you take any medications at this time? No Yes:

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

(7) Has there been any evidence of recurrence?
 No Yes Details: _____

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

If at all possible, please obtain and fax to us the 1 - 2 page "pathology report."