

# CANCER—BREAST

**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 UL

**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?

1. Date of diagnoses: \_\_\_\_\_

2. How was the cancer treated?

- ☐ Excisional biopsy only  
☐ Lumpectomy or wide excision  
☐ Mastectomy  
☐ Radiation therapy  
☐ Chemotherapy  
☐ Hormonal therapy (tamoxifen)

3. List date treatment was completed: \_\_\_\_\_

4. Is client on any medications?

☐ No ☐ Yes; please give details \_\_\_\_\_

5. What stage was the cancer? **If the client has a copy of the final surgical pathology report it would be ideal. There are multiple levels of each stage and underwriters often ask for more than Stage 1 could be stage T1a... T1b...ect the more detail the better**  
☐ Stage 0 (in-situ) ☐ Stage I ☐ Stage II ☐ Stage III ☐ Stage IV

6. Were lymph nodes involved? ☐ No ☐ Yes; If yes, how many? \_\_\_\_\_

7. Has there been any evidence of recurrence?

☐ No ☐ Yes; please give details \_\_\_\_\_

8. Date and results of last mammogram: \_\_\_\_\_

9. Are there any other health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

## FAMILY HISTORY (ADDENDUM)

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☐ Male   ☐ Female   Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_"   Weight: \_\_\_\_\_

1. Has the proposed insured had relative(s) with any of the following:

☐ Parent

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: \_\_\_\_\_ Date of death: \_\_\_\_\_

☐ Brother

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: \_\_\_\_\_ Date of death: \_\_\_\_\_

☐ Sister

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: \_\_\_\_\_ Date of death: \_\_\_\_\_

2. If yes to any of the above, please provide details/information

[illegible]