LifeScan Questionnaire for **CANCER**

LIFE INSURANCE RISK EVALUATION AND MARKET SEARCH

For ______________________ ☐ Male ☐ Female
Date of Birth ______________ ☐ Age ________ ☐ State __________
Height ________ Weight ________ ☐ **Non Smoker** ☐ **Smoker**

Have you **EVER** used tobacco? ☐ Yes ☐ No If **Yes**, state month and year of last use of any tobacco product: ______________
Type of tobacco used: ☐ Cigarettes ☐ Cigars ☐ Chew ☐ Pipe

Last application for life insurance: Year ______ Company __________
Result: ☐ Preferred ☐ Standard ☐ Rated/Rating ☐ Declined
Amount __________ Type: ☐ Whole Life or Universal ☐ Term

☐ **Life Insurance Risk Evaluation and Market Search for Best Offer**
☐ **Risk Evaluation Only**

1. Type of malignancy or cancer?
   ☐ Bladder ☐ Hodgkin's Disease
   ☐ Breast ☐ Colon or Rectal
   ☐ Cervical ☐ Prostate
   ☐ Melanoma ☐ Skin
   ☐ Other ______________________
   Type ____________ Location ____________
2. Date Diagnosed? Month ____________ Year ________
3. Stage of tumor or malignancy?
   ☐ 1 ☐ 2 ☐ 2a ☐ 2b ☐ 3 ☐ 3a ☐ 3b ☐ 4 ☐ 5
   ☐ Other ______________________
4. Treatment? (Check all that apply)
   ☐ Surgical removal ☐ Radiation Therapy
   ☐ Chemo-Therapy ☐ Hormonal (orchidectomy des lupron)
   ☐ Other ______________________
5. Date last treatment received? Month __________ Year ______
6. Has there been any medical evidence of recurrent cancer?
   ☐ No ☐ Yes — Date: Month __________ Year ________
7. Use only when **Colon or Rectal Cancer** is involved:
   Dukes Scale ☐ A1 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐ D
8. Use only when **Melanoma** is involved:
   Clarks Level ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI
9. Use only when **Prostate Cancer** is involved:
   What are the results of the last PSA test? ______________
   Gleasons grade total, if known ______________

This is not an application for life insurance. The information contained herein will be used solely for the purpose of assessing which insurance carriers are likely to respond most favorably to the risk situation as stated above. The questions and answers listed will be used in the evaluation of the person listed above. All quoted are tentative, and are subject to the submitted medical evidence and other criteria used in the underwriting of life insurance. Copyright 1997 George Varanakis

Life Factors

Date of last stress EKG
Month ______ Year ______ ☐ Never

Family History, has either parent or any sibling died before age 65?
☐ Yes ☐ No
If Yes, please list cause and age
____
____
____

Blood Pressure, with or without medication ______ / ______
List medication, if any
____

Cholesterol, Result of last test, if known
____

Other Illnesses, list all that are not listed on this page
____
____
____

List all medications currently being used, except those previously listed
(name, dosage and times per day)
____
____
____
____
____

Agent Information

Name ______________________
Address ______________________
City ______________________
State ____________ Zip ________
Phone ______________________
Email ______________________

PO Box 71339 Salt Lake City, UT 84171-0339
801-713-0800 Toll Free 888-888-7441
Fax 801-713-0805 Toll Free Fax 888-888-7449
Email: irmail@uproducers.net