

The Thompson Agency of New England

Field Underwriting Questionnaire - Cancer

Name: _____ Male Female DOB _____

Height Weight _____ Smoker? Yes No _____

Amount \$ _____ Plan _____

Other Company's Action: _____ Postponed _____ Declined _____

1. Type of malignancy or cancer?

Bladder Breast Cervical Colon or rectal (complete #9) Hodgkin Disease
 Melanoma (complete #10) Prostate (complete #11) Skin* Other

*If melanoma or skin cancer checked, indicate type and where on the body cancer was located.

Type _____ Location _____

2. Date diagnosed? _____ Month/year _____

3. Stage of tumor or malignancy: 1 2B 3B 2 3 4 2A 3A 5 Other _____

4. Please check all treatments Surgical removal of malignancy Chemotherapy _____

Radiation therapy Hormonal (orchidectomy-Des. Lupron) Other _____

5. When was treatment last received? _____ Month/year _____

6. Has there been any medical evidence of recurring cancer? _____

No Yes _____ Month/year _____

7. Please list any other illness or impairment. _____

8. Please list any medication currently taken. _____

9. Answer if colon or rectal cancer are involved. Dukes Scale A1 B1 B C1 C2 D _____

10. Answer if melanoma is involved. Clarks Level: I II III IV V _____

11. Answer if prostate cancer is involved. Gleasons Grade: I II III IV _____

What were the results of your most recent PSA test? _____

12. Has either parent, or any sibling died before age 65, other than by accident? _____

No Yes, list cause _____

Agent _____

Address _____

Phone _____ Fax _____