

Cancer - All Others

Questionnaire



Knowledge. Experience. Results.

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Exact name of the cancer _____

Date of first diagnosis _____ Date of last treatment _____

How has the cancer been treated

- Surgery Radiation Chemotherapy Hormone therapy Immunotherapy
 Observation only Other _____

Grade of cancer I II III IV Other _____

Stage of cancer I II III IV Other _____

Any evidence of recurrence Yes No If yes, provide details _____

| Name of Medication (prescription or otherwise) | Dates Used | Quantity Taken | Frequency Taken |
|--|------------|----------------|-----------------|
| | | | |
| | | | |
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List any other major health problems the client has:

If at all possible, please obtain the pathology report. It will enable us to work with you prior to a formal application to determine if coverage is now available, at which insurance company, and for what likely premium.

Questions? Call Jim or Teresa at 877.564.1707.

Please email the completed form to jrmosel@moseleymcgill.com.

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