

CANCER—BLADDER CANCER QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ M F Date of Birth: _____
 Face Amount: _____ Max. Premium: \$_____/year UL WL Term Survivorship
 Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____
 Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): Y N
 If Yes, please provide details: _____
 When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) *Date of diagnosis:* _____ *Date of last treatment:* _____

(2) *Exact name of the type of bladder cancer that has been diagnosed:* _____

(3) *What was the Stage of the cancer?*

- Stage I Stage II Stage IIIA Stage IIIB Stage IV
or
 Stage 0 Stage A Stage B1 Stage B2 Stage C Stage D1 Stage D2
or
 Tis T1N0M0 T2N0M0 T3N0M0 T3BN0M0 T4N1-3M0-1

(4) *Was the cancer Graded? If yes, what Grade was assigned?*

- Grade I Grade II Grade III Grade IV

(5) *How has the cancer been treated (please check all that apply)?*

- surgery radiation therapy chemotherapy immunotherapy/biological therapy photodynamic therapy

(6) *Has there been any evidence of recurrence?*

- No Yes Details: _____

(7) *Has there ever been any other kind of other cancer diagnosed for the proposed insured?*

- No Yes Details: _____

(9) *Does the proposed insured have any other medical conditions? If yes, please describe:*

(10) *Please list all current medications that are being taken for any reason:*

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