

CANCER—LEUKEMIA 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) *Exact name of the leukemia:* _____

(2) *Date of diagnosis:* _____ *b) Date of last treatment:* _____

(3) *What was the Stage of the leukemia?* 0 I II III IV

(4) *How has the leukemia been treated (please check all that apply)?*

Radiation: dates, frequency: _____

Chemotherapy: dates, types: _____

(5) *Does the proposed insured take any medications at this time?* No Yes:

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

(6) *Has there been any evidence of recurrence or relapse of the leukemia or related illness?*

No Yes Details: _____

(7) *Has the proposed insured's spleen been removed as part of the treatment procedure?* No Yes, date: _____

(8) *What are the most current blood count (CBC) readings for:*

Date of last count: _____ White blood cells: _____ Hemoglobin: _____ Platelets: _____

(9) *How frequent does the proposed insured visit his/her health care provider for checkups including blood counts?* _____

(10) *Does the proposed insured have an unusually high frequency of colds, flues, or pneumonia? If yes, describe:* _____

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

