Life Scan 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 us of any tobacco product: ______________________

Type of tobacco used: [ ] Cigarettes [ ] Cigars [ ] Chews [ ] Pipe

Amt$_______________ Type: [ ] Whole Life or Universal [ ] Term

Last application for life insurance: Year_____ Company____________

Result: [ ] Preferred [ ] Standard [ ] Rated/Rating_____ [ ] Declined

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Type of malignancy or cancer?

[ ] Bladder [ ] Hodgkin's disease

[ ] Breast [ ] Colon or Rectal (also complete #7)

[ ] Cervical [ ] Prostate (also complete question #9)

[ ] Melanoma* (also complete question #8) [ ] Skin*

[ ] Other____________________________

*If Melanoma or Skin were marked please indicate type and area on the body cancer was located

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 treatments that were used.

   [ ] Surgical removal of malignancy [ ] Radiation therapy

   [ ] Hormonal (orchidectomy des lupron) [ ] Chemo-therapy

   [ ] Other____________________________

5. When was last treatment received?

   Month___________________ Year______________________________

6. Has there been any medical evidence of recurrent cancer?

   [ ] No [ ] Yes If yes, 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 were the results of the last PSA test?______________________

   Gleasons grade total, if known_________________________________

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

____

Result of last **Cholesterol** test, if known ______________

List all **Other Illnesses** 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 ____________________ Suite _______

City ___________________________

ST ___ Zip ______ email______________

Phone_________________________

United Producers Insurance Services
PO Box 71339
Salt Lake City UT 84171-0339
Tel 801-713-0800 Toll Free 888 888 7441
Fax 801-713-0800 Free 888 888 7449

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 quotes are tentative, and are subject to the submitted medical evidence and other criteria used in the underwriting of life insurance.

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