

CANCER—COLORECTAL 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 first diagnosis: _____ Age at diagnosis: _____

(2) Type of colon cancer: _____ Date treatment ended: _____

(3) Stage and grade of the cancer: Stage of cancer: _____ Grade of cancer: _____

- In situ TNM Staging: _____
 Dukes' Staging: _____ AJCC Staging: _____

Other staging system used: _____

(4) How was the cancer treated? Please check all that apply:

- Surgery Radiation Chemotherapy
 Other: _____

(5) Any family history of colon cancer? No Yes

Who / Age? _____ Who / Age? _____ Who / Age? _____

(6) Is the proposed insured currently taking any medications? If yes:

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

(7) How often does the proposed insured have a cancer screen to detect possible recurrence?

- Every 3 months Every 6 months Yearly Every 2 years Every 5 years

(8) Has there been any evidence of recurrence? If yes, please provide details: _____

(9) Does the proposed insured have any other medical conditions or are there other underwriting conditions?

