

Bladder Cancer Questionnaire - Tentative offers obtained are not binding and could be subject to change – Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

Agent/Advisor Name: _____
Proposed Insured: _____ Date Of Birth: _____ Gender: Male or Female
Build: Height _____ Weight _____ Any Weight Loss In Last Year? If so how much _____
Product Desired: Term Guarantee UL Index UL Whole Life Survivorship Life
Face Amount Desired: Option 1 \$ _____ Option 2 \$ _____ Option 3 \$ _____
Maximum Premium Tolerance Per Year: _____
Has Client Ever Used Any Form Of Nicotine? No Yes
Type: Cigarettes Cigars Pipe Chew Patch Nicorette Gum E-Cigarette Vape
Frequency: _____ Date Last Used _____
Current Alcohol Use: Type _____ Number of Drinks: _____ Per _____ Day _____ Week Date Last Used: _____

- 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 was the cancer treated (please check all that apply)?
 Surgery Radiation therapy Chemotherapy Immunotherapy/biological therapy Photodynamic therapy
- 6) Were lymph nodes involved? If yes; how many? _____
- 7) Has there been any evidence of recurrence? Yes No If yes; details _____
- 8) Have you ever been diagnosed or treated for any other type of cancer? If yes; provide details _____
- 9) What was the date of the last follow up imaging studies and or lab testing and what were the results? _____
- 10) Is there family history of heart disease or cancer? Yes No If yes; provide details including relationship to yourself, age of onset, type and current age or date of death _____
- 11) Are you being treated for any other medical conditions? If yes; provide details _____
- 12) Please list all current medications, dosages and what condition the medication is treating _____

Please use additional pages if needed



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