

Breast Cancer Questionnaire –

To provide the most accurate risk assessment please obtain and provide pathology report for review

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) Please provide date of diagnosis : _____

2) What is the exact name of the type of breast cancer you were diagnosed with?

3) What stage was the breast cancer?

Stage 0 (ductile carcinoma in-situ) Stage 0 (lobular carcinoma in-situ)

Stage 0 (Paget's disease of the nipple) Stage I Stage II Stage III Stage IV

4) What was the size of the tumor? _____

5) Were lymph nodes involved? If yes; how many _____

6) How has the breast cancer been medically treated?

Excisional biopsy (limited excision) Partial mastectomy Radiation therapy Chemotherapy

Hormone therapy Bone marrow transplant Lumpectomy Modified radical mastectomy

Radical mastectomy

7) What was the date of last treatment? _____

8) Has there been any evidence of recurrence? Yes No If yes; provide complete details:

9) Have you ever been diagnosed or treated for any other type of cancer? Yes No If yes; provide details

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? Yes No If yes; provide details

12) Please list all current medications, dosages and what condition the medication is treating

13) What was the date of the last mammogram and what were the results?

Please use additional pages if needed

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