

Thyroid 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) When was this diagnosed? _____
- 2) What type of thyroid cancer; please check the type(s):
 Papillary or Papillary/follicular Medullary Hurthle Follicular Anaplastic
- 3) What was the stage of the tumor? _____
- 4) Have any of the following treatments be given?
Surgery Yes No If yes, describe: _____
I-131 treatment Yes No
Chemotherapy Yes No
External Radiation treatment Yes No
- 5) Is there a history of metastatic disease? Yes No If yes; provide details:

- 6) Have additional studies been completed? (Check all that apply.)
 Radioisotope scans _____ (date) Ultrasound _____ (date)
 Thyroglobulin _____ (date) Calcitonin _____ (date)
- 7) What was the date of last treatment? _____
- 8) Has there been any evidence of recurrence? If yes; provide complete details:

- 9) Have you ever been diagnosed or treated for any other type of cancer? 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 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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