

**Lymphoma 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) What was date of first diagnosis? \_\_\_\_\_ What was date of last treatment? \_\_\_\_\_
- 2) Please indicate the type of Lymphoma: **Hodgkin's Lymphoma Types:**  Lymphocyte  Predominance  Mixed cellularity  Nodular sclerosis  Lymphocyte depletion  Other: \_\_\_\_\_  
**Non-Hodgkin's Lymphoma Types:**  Low Grade  Intermediate-Grade  High Grade  
 Other: \_\_\_\_\_
- 3) What was the staging at the time of diagnosis?  Stage I  Stage II  Stage III  Stage IV
- 4) If subcategory given please provide: \_\_\_\_\_
- 5) Please note if any of the following were present at the time of diagnosis? Check all that apply  
 Type B symptoms  Large Mediastinal (chest) Disease (tumor > 7.5cm)  Elevated LDH (Blood Test)  
 More than 1 extranodal site involved
- 6) What treatment did you receive? Check all the apply  
 Chemotherapy  Chemotherapy with alkylating agents  Radiation Therapy  Surgery  Bone Marrow Transplant  Stem Cell Transplant  Other: \_\_\_\_\_
- 7) Has there been any evidence of recurrence?  No  Yes If yes; please provide details  
\_\_\_\_\_
- 8) How often do you see your oncologist for follow-up exams, blood work, and imaging or other needed tests to confirm no recurrence?  Every 3 month's  Every 6 month's  Yearly  Every 2 year's  Every 5 year's
- 9) Have you ever been diagnosed or treated for any other type of cancer? If yes; provide details  
\_\_\_\_\_  
\_\_\_\_\_
- 10) Do you exercise three or more times per week on a regular basis?  Yes  No If yes; provide details  
\_\_\_\_\_
- 11) Have you made any lifestyle changes to improve your overall health?  Yes  No If yes; provide details  
\_\_\_\_\_  
\_\_\_\_\_
- 12) Are you being treated for any other medical conditions? If yes; provide details  
\_\_\_\_\_  
\_\_\_\_\_
- 13) Please list all current medications, dosages and what condition the medication is treating  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 14) 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  
\_\_\_\_\_  
\_\_\_\_\_

**Please use additional pages if needed**



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