



**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Male  Female Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_  
**Tobacco Use:**  Never used  Totally stopped Date stopped: \_\_\_\_\_  Use now Type of nicotine product: \_\_\_\_\_  
**Type of Coverage:**  Term  UL  Survivor **Type of Coverage:**  Term  UL  Survivor UL  
**Coverage Amount:** \_\_\_\_\_ **Anticipated Premium:** \_\_\_\_\_

**FAMILY HISTORY**

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?  
***If yes, use separate sheet to provide this information, including age of onset and date of death***

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

- Date of diagnoses: \_\_\_\_\_
- What was the pretreatment PSA? \_\_\_\_\_
- How was the cancer treated? (check all that apply)  
 Observation only  TURP (transurethral prostatectomy)  Radical prostatectomy  
 Radiation therapy (seed implant or external beam radiation)
- What is date and result of the most current PSA test? \_\_\_\_\_
- What was the Gleason score? \_\_\_\_\_
- What stage was the cancer?  
 Stage 0 (in-situ)  Stage I  Stage II  Stage III  Stage IV
- Is there a family history of cancer?  No  Yes
- What medications is client taking? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

9. Are there any other health problems? (additional questionnaires may be required)  No  Yes; please give details  
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