



**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? |
|----------------------|-------------|-------------|---------------------------|
|                      |             |             |                           |
|                      |             |             |                           |

1. Date(s) of diagnoses: \_\_\_\_\_

2. What was the type of testicular cancer? \_\_\_\_\_

3. Is there a family history of cancer?  No  Yes; please give details \_\_\_\_\_

4. How was the cancer treated?  Surgery  Chemotherapy  Radiation therapy

5. Date treatment was completed: \_\_\_\_\_

6. What stage was the cancer?  Stage 1  Stage II  Stage III

7. Has there been any evidence of recurrence?  No  Yes; please give details \_\_\_\_\_

8. Please give the date and result of the most recent AFP or HGC test: \_\_\_\_\_

9. Is client on any medications? (accurate name, dosage, and reason)

| (Accurate) Name of Medication | Dosage | Reason |
|-------------------------------|--------|--------|
|                               |        |        |
|                               |        |        |
|                               |        |        |

10. Does client have any other health issues? (additional questionnaires may be required)  No  Yes; please give details \_\_\_\_\_