



CANCER PRELIMINARY UNDERWRITING QUESTIONNAIRE

Client:

Gender: M F DOB:

Height: Weight:

Coverage Desired?

Amount?

Plan Desired?

If your client has had cancer, please answer the following:

CANCER HISTORY

1. Please note type of cancer diagnosed:
2. What was the date of initial treatment or diagnosis?
3. How was the cancer treated? *Select all that apply.*

- Surgery
- Chemotherapy
- Radiation therapy
- Hormonal therapy
- Immunotherapy

4. Please list date treatment was completed:
5. What Stage was the cancer? 0 (in-situ) I II III IV
6. What Grade was the cancer?
7. Has there been any evidence of recurrence? Yes No

If yes, please give details:

CURRENT STATE

8. Please list current medications:
9. Has your client smoked cigarettes in the last 12 months? Yes No
10. Does your client have any other major health problems (*ex: cancer, diabetes, etc.*)? Yes No

If yes, please give details:

ADDITIONAL COMMENTS

Do you have any additional comments?

Advisor:

Date:

For more information, contact:
 Advisors Financial Group
 5904 Six Forks Rd., Suite 105 | Raleigh, NC 27609
 Phone 800-334-1217 | Fax 919-844-2310
 Support@AFG.email
 www.underwritemycase.com