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Hodgkin's or Lymphoma Questionnaire

Name Male Female Age _____ Date of Birth _____

Tobacco Use No Cigarettes Other tobacco _____ Date quit? _____

State _____ Amount of Insurance _____ Type of Insurance _____

Occupation/Source of income: _____

1. Type of Cancer: Hodgkin's Lymphoma Non Hodgkin's Lymphoma Low grade

Intermediate grade High grade

2. Date Cancer diagnosed: _____ Date of last treatment: _____

3. Stage of Cancer: Stage I Stage II Stage III Stage IV

4. Treatment: _____

Surgery- Date (s): _____ Radiation- Dates: _____

Chemotherapy- Type: _____ Dates: _____

Other treatments- Details and dates: _____

5. Please note if any of the following were present at the time of diagnosis (check all that apply):

Type B symptoms (fever, weight loss and/or night sweats)

Large mediastinal (chest) disease (tumor over 7.5 cm)

Elevated LDH (blood test) More than 1 extranodal site involved

General Questions:

1. Do you have any other major health problems? No Yes – Details: _____

2. List all medications: _____

3. Height: _____ Weight: _____ Most recent blood pressure reading: _____

Agent Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance Copyright 2000 to 2004.

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