CANCER—BLADDER

CLIENT NAME:			Date:		
☐ Male ☐ Female Date of birth: _	Height:'	" Weight:			
			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:					
1. Date of diagnoses.					
2. How was the cancer treated? (check	all that apply)				
☐ Endoscopic resection only					
☐ Endoscopic resection and chemothe	rapy instilled in the bladder				
\square Radical cystectomy (removal of the	bladder)				
☐ Radiation therapy					
☐ Systemic chemotherapy					
3. What stage was the cancer?					
□ Tis □ T1 □ T3a □ T4					
□ Ta □ T2 □ T3b					
4. Has there been any evidence of recurrence?					
□ No □ Yes; please give details					
5. Please give the date and result of the	e most recent cystoscopy and urine	e cytology:			
5. Please give the date and result of the most recent cystoscopy and urine cytology:					
6. What medications is client taking? (accurate name, dosage, and reason)					
7. Are there any other health problems? (additional questionnaires may be required)					
s and any said problems. (additional quotioninance may be required)					
8. Has there been any evidence of recurrence? (if yes, give details)					
9. Are there any other health problems? □ No □ Yes; please give details					
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FAMILY HISTORY (ADDENDUM)

CLIENT NAME: Male □ Female Date of birth:					
□ Male □ Female Date of birtin.	neigiit	weight:			
1. Has the proposed insured had relative(s) with any of the following: ☐ Parent					
Has had: Cancer Diabetes Age of onset:			☐ Other (explain below)		
☐ Brother			Other (explain below)		
Age of onset:			Utilet (explain below)		
☐ Sister Has had: ☐ Cancer ☐ Diabetes			☐ Other (explain below)		
Age of onset:	Date of death:				
2. If yes to any of the above, please provide details/information					