

# Underwriting Questionnaire

## Hodgkin's/Non-Hodgkin's Lymphoma



Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.

Term  Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Type of Hodgkin's lymphoma

- Lymphocyte predominance  Nodular sclerosis  
 Mixed cellularity  Lymphocyte depletion  
 Other \_\_\_\_\_

Date of initial diagnosis \_\_\_\_\_ Date of last treatment \_\_\_\_\_

How has the disease been treated (select all that apply)

- Chemotherapy  Chemotherapy with alkylating agents  Radiation therapy  Bone marrow transplant  
 Stem cell treatment  Other \_\_\_\_\_

Hodgkin's Stage  I  II  III  IV  
 Hodgkin's Subcategory  A  B  E

Non-Hodgkin's Stage  I  II  III  IV  
 Non-Hodgkin's Grade  Low  Intermediate  High  
 Non-Hodgkin's Suffix  B  E

Any evidence of recurrence?  Yes  No If yes, provide details

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: