

Underwriting Questionnaire

Leukemia



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 leukemia _____ Date of diagnosis _____ Date of treatment _____

Acute Lymphoid/Acute Myeloid (AML) Chronic Lymphoid (CLL) Hairy cell Chronic Myeloid (CML)

Stage 0 I II III IV

Type of Treatment _____

Evidence of recurrence, relapse, or related illness Yes No If yes, provide details _____

Has the client's spleen been removed as part of the treatment procedure? Yes No If yes, date _____

Most current blood count (CBC) readings
Date _____ White blood cells _____ Hemoglobin _____ Platelets _____

How frequently does the client visit his/her health care provider for checkups including blood counts? _____

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

List any other major health problems the client has: