



General Cancer Questionnaire

Agent Name: _____ **Phone:** _____

Proposed Insured Name: _____ **Sex:** Male Female **DOB:** _____

Height: _____ ft _____ in **Weight:** _____ lbs

Face Amount Requested: \$ _____ **Maximum Annual Premium:** \$ _____

Plan Type: UL WL Term Survivorship

Tobacco Use

Do you currently smoke cigarettes? Yes No

If No, did you ever smoke? Never Quit (Date): _____

Do you currently use any other tobacco or nicotine products? (e.g., nicotine patch, cigars, pipe, snuff, gum) Yes No If Yes, provide details: _____

When did you last use any form of tobacco?

Month: _____ Year: _____ Type used last: _____

Cancer History

Exact name of the cancer: _____

Date of diagnosis: _____ Date of last treatment: _____

How was the cancer treated? (check all that apply)

- Surgery Radiation Chemotherapy
 Hormone Therapy Immunotherapy Observation only

Cancer Grade: I (1) II (2) III (3) IV (4) Other: _____

Cancer Stage: I (1) II (2) III (3) IV (4) Other: _____

Sub-Stage (if applicable): A A1 A2 B B1 B2 C C1 C2 D D1 D2

Are you currently taking any medications? No Yes (list below)

Medication List

Medication Name	Dates Used	Quantity Taken	Frequency

Has there been any evidence of recurrence? No Yes — provide details: _____

Do you have any other medical conditions? No Yes — describe: _____

Optional Request: If available, please provide a copy of the 1–2-page pathology report. This helps determine eligibility, carrier options, and potential pricing.