General Cancer Questionnaire

Advanced Insurance Marketing Group • Pre-Underwriting Health Detail

INSURED & POLICY BASICS

AGENT INFORMATION

AGENT NAME

PHONE

PROPOSED INSURED

PROPOSED INSURED NAME

SEX

☐ Male ☐ Female

DATE OF BIRTH

HEIGHT (FT)

HEIGHT (IN)

WEIGHT (LBS)

REQUESTED COVERAGE

FACE AMOUNT REQUESTED ($)

MAXIMUM ANNUAL PREMIUM ($)

PLAN TYPE — SELECT ONE

☐ 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

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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

MEDICATIONS & FOLLOW-UP

Are you currently taking any medications? ☐ No ☐ Yes (if yes, list below)

MEDICATION LIST

MEDICATION NAME	DATES USED	QUANTITY TAKEN	FREQUENCY

Has there been any evidence of recurrence? ☐ No ☐ Yes

If yes — details:

Do you have any other medical conditions? ☐ No ☐ Yes

If 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.

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