

# CANCER—SKIN

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Male  Female Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_

**Tobacco Use:**  Never used  Totally stopped Date stopped: \_\_\_\_\_  Use now 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?

1. Date(s) of diagnoses: \_\_\_\_\_

2. What was the type of cancer was diagnosed?  Basal cell carcinoma  Squamous cell carcinoma  Malignant melanoma

3. Where was the skin cancer located? \_\_\_\_\_

4. Has the cancer metastasized (spread) beyond the skin?

No  Yes; please give details \_\_\_\_\_

5. Has there been any evidence of recurrence?

No  Yes; please give details \_\_\_\_\_

6. For malignant melanoma only, what stage was the cancer?

Clark I/in situ  Clark II/Breslow  $\leq 0.75$ mm  Clark III/Breslow .75–1.5mm  Clark IV/Breslow 1.51–4.0mm

Clark V/Breslow  $> 4.0$ mm

9. Is client on any medications? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

10. Does client have any other health issues? (additional questionnaires may be required)  No  Yes; please give details

