LYMPHOMA

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 of diagnoses: ______________________

2. Indicate the type of lymphoma:

☐ Hodgkin's Lymphoma __Non-Hodgkin's Lymphoma—low grade

☐ Non-Hodgkin's Lymphoma—intermediate-grade

☐ Non-Hodgkin's Lymphoma—high grade

3. What was the staging at the time of diagnosis?

☐ Stage I ☐ Stage II ☐ Stage III ☐ Stage IV

4. Please note if any of the following were present at time of diagnosis (check all that apply):

☐ Type B symptoms (fever, weight loss, and/or night sweats)

☐ Large mediastinal (chest) disease (tumor > 7.5 cm)

☐ Elevated LDH (blood test)

☐ More than 1 extranodal site involved

5. What treatment did client receive? (check all that apply)

☐ Chemotherapy ☐ Radiation ☐ Surgery

What was the date of the last treatment? ______________________

6. List all medications client is taking. (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

7. Are there any other health problems? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

____

____

 © Copyright August 2007. The National Association of Independent Life Brokerage Agencies (NAILBA). All rights reserved.

FAMILY HISTORY (ADDENDUM)

CLIENT NAME: ____ **Date:** ____________________

☐ Male ☐ Female Date of birth: __________ Height: _____' _____" Weight: __________

1. Has the proposed insured had relative(s) with any of the following:

☐ Parent

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: ____________________ Date of death: ____________________

☐ Brother

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: ____________________ Date of death: ____________________

☐ Sister

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: ____________________ Date of death: ____________________

2. If yes to any of the above, please provide details/information

 © Copyright August 2007. The National Association of Independent Life Brokerage Agencies (NAILBA). All rights reserved.