U.S. FINANCIAL LIFE Insurance Co.

CANCER QUESTIONNAIRE

Name: _____ Date of Birth: _____

Height _____ Weight _____ Cigarette Smoker: ☐ Yes ☐ No Quantity per day:_____

1. Type of cancer:
   - ☐ Bladder
   - ☐ Breast
   - ☐ Cervical
   - ☐ Colon or rectal
   - ☐ Melanoma
   - ☐ Prostate
   - ☐ Skin
   - ☐ Other _____
2. Date diagnosed (month & year) _____
3. Stage of cancer:
   ☐ 1 ☐ 2 ☐ 2a ☐ 2b ☐ 2c ☐ 3 ☐ 3a ☐ 3b ☐ 4
4. Please check all treatment(s) received and date completed (month & year):
   - ☐ Surgery _____
   - ☐ Chemotherapy _____
   - ☐ Radiation _____
   - ☐ Hormone _____
   - ☐ Other (please specify) _____ _____
5. Has there been any evidence of recurring cancer? ☐ Yes ☐ No
   If yes, month & year _____ Location _____
6. Please list all medication currently being taken: _____
   _____
   _____
7. If colon or rectal cancer: Dukes scale ☐ A ☐ B1 ☐ B2-3 ☐ C1 ☐ C2 ☐ D
8. If melanoma: Clarks level ☐ I ☐ II ☐ III ☐ IV ☐ V
   Location of melanoma and depth: _____
9. If prostate cancer, what was most recent PSA test result? _____
   Gleason's Grade ☐ 2-5 ☐ 6 ☐ 7 ☐ 8-10

Name of physician with cancer records and date last seen: _____

Address: _____

Notes/comments: _____

_____

Signature of Proposed Insured: _____ Date: _____

Witnessed by: _____

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