

Securelife Underwriting Questionnaire

CANCER

Client name (optional): Age or Birthdate:

- 1. Location of cancer?
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- 2. Date of diagnosis?
- 3. Stage / grade, if known (I, II, III, IV)
- 4. Did the cancer spread or were lymph nodes involved?
- 5. What type of treatment was given? (surgery, chemo, radiation)
- 6. Date of last such treatment
- 7. Date of last visit to the cancer specialist?
- 8. Any current medication being taken due to cancer?
- 9. Is there any other history or condition that you think may affect your insurability? If yes, please provide a brief summary below, or complete the appropriate questionnaire.
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I hereby declare that the above statements are complete and true and that this questionnaire shall form part of my application for insurance.

Signature of Proposed Insured Signature of Witness Date