

## Skin Cancer Underwriting Questionnaire

Agent Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Applicant Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex  Male  Female Height/Weight \_\_\_\_\_ / \_\_\_\_\_

Occupation \_\_\_\_\_ Ever use nicotine products? \_\_\_\_\_

If yes, select type :  Cigarettes  Cigar  Chewing tobacco  Other: \_\_\_\_\_

Date last used \_\_\_\_\_ Frequency per month \_\_\_\_\_

Product Applying for:  Term  Universal Face Amount \_\_\_\_\_

1. Date of Diagnosis: \_\_\_\_\_

2. What type of skin 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

Details: \_\_\_\_\_

5. Has there been any evidence of recurrence? \_\_\_\_\_

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

Clark I/in situ

Clark II/Breslow  $\leq 0.75\text{mm}$

Clark III/Breslow .75-1.5mm

Clark IV/Breslow 1.51-4.0mm

Clark V/Breslow  $>4.0\text{mm}$

7. Please list any medications you are taking for this condition:

Name of Medication	Dosage	Reason

8. Please list any other health issues? \_\_\_\_\_

9. Additional Comments: \_\_\_\_\_