

UNDERWRITING QUESTIONNAIRE



Agent Name: _____ Phone: _____
 Agent Email: _____ State of Issue/Delivery: _____
 Proposed Insured's Name: _____ ☐ M ☐ F Date of Birth: _____
 Height: ____ ft. ____ in. Weight: _____ lbs. Current Cigarette Smoker? ☐ No ☐ Yes
 Ever a cigarette smoker? ☐ No ☐ Yes Date last used: _____
 Any other tobacco use? (cigar, pipe, snuff/chew, patch, gum, e-cigarette) ☐ No ☐ Yes
 If yes, provide details: _____
 Last date any form of tobacco used? _____ Face Amt:\$ _____ ☐ Term ☐ Perm ☐ Surv.

BLADDER CANCER

Date of diagnosis: _____ Date of last treatment (surgery, chemo, radiation, etc.): _____

Exact name of the type of bladder cancer that has been diagnosed (Transitional cell carcinoma, Adenocarcinoma, Squamous cell carcinoma, etc.): _____

**If possible, please include a copy of the pathology report.*

What was the stage of the cancer?

☐ Tis (in situ) ☐ T1N0M0 ☐ T2N0M0 ☐ T3N0M0 ☐ T3BN0M0 ☐ TT4N1-3M0-1

Was the cancer graded? If yes, what grade was assigned?

☐ Grade I ☐ Grade II ☐ Grade III ☐ Grade IV

How was the cancer treated? (Check all that apply) ☐ surgery

☐ chemotherapy

☐ Immunotherapy/biological therapy

☐ Radiation therapy

☐ Radiation Therapy

☐ Chemotherapy

☐ Photodynamic therapy

Has there been any evidence of recurrence? ☐ No ☐ Yes

If Yes, please provide details:

Has there ever been any other kind of other cancer diagnosed for the proposed insured?

☐ No ☐ Yes Please provide details below:

Does the proposed insured take any medications (prescription or otherwise) at this time? ☐ No ☐ Yes

If yes, please provide name of medication and dosage:

Please provide additional details about the proposed insured's medical condition:

Please use the fillable fields to complete the form, then save and email to our underwriting team at underwriting@dbs-lifemark.com.

You may also print and fax completed form to 952.697.5003. Questions? Call the Underwriting Team at x2312.

