

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.

THYROID CANCER

Date of diagnosis: _____

Type of Thyroid cancer: (check one)

- ☐ Papillary or Papillary/Follicular ☐ Medullary ☐ Hurthle
☐ Follicular (widely invasive) ☐ Anaplastic (All considered Stage 4)

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

Indicate stage (TNM) of cancer: ☐ T1 ☐ T2 ☐ T3 ☐ T4

☐ N0 (no positive nodes) ☐ N1a ☐ N1b ☐ M0 (no distant metastasis) ☐ M1 (with distant metastasis)

Please indicate how the cancer was treated and include date(s) of treatment:

Surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s): _____	Describe: _____
I-131 Radio Isotope Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s): _____	Describe: _____
Chemotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s): _____	Describe: _____
External Radiation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s): _____	Describe: _____

Have follow-up tests been completed? ☐ No ☐ Yes

If yes, please provide details:

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

If Yes, please provide details:

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@dbb-lifemark.com.
 You may also print and fax completed form to 952.697.5003. Questions? Call the Underwriting Team at x2312.

