CANCER—TESTICULAR CANCER QUESTIONNAIRE

Agent:	Phone:	Fax:

Proposed Insured Name: _____ ❒ M ❒ F Date of Birth: _____
Face Amount: _____ Max. Premium: $_____/year ❒ UL ❒ WL ❒ Term ❒ Survivorship
Do you currently smoke cigarettes? ☒ Y ☒ N If no, did you ever smoke: ❒ Never ❒ Quit (Date): _____
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): ❒ Y ❒ N
If Yes, please provide details: _____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Date of first diagnosis: _____

(2) Date of last treatment: _____

(3) Exact type of testicular cancer: _____

(4) ☐ Seminoma ☐ Non-Seminoma

(5) Stage of the cancer:

☐ I ☐ II ☐ III ☐ IV **or** ☐ A ☐ B ☐ C

(6) ☐ In-situ ☐ Local (confined) ☐ Regional (involves Regional Nodes) ☐ Advanced (Metastasis)

(7) How was the cancer treated? Please check all that apply:

☐ Surgery ☐ Radiation ☐ Chemotherapy ☐ Other: _____

(8) If known:

LDH: _____ HCG: _____ AFP: _____

(9) How often does the proposed insured have a cancer screen to detect possible recurrence?

☐ Every 3 months ☐ Every 6 months ☐ Yearly ☐ Every 2 Years ☐ Every 5 years

(10) Has there been any evidence of recurrence? If yes, please provide details: _____

_____

(11) Does the proposed insured have any other medical conditions? If yes, please describe:

_____

_____