



SKIN CANCER
PRELIMINARY UNDERWRITING QUESTIONNAIRE

Client:

Gender: M F **DOB:**

Height:

Weight:

Coverage Desired?

Amount?

Plan Desired?

If your client has had skin cancer, please answer the following:

SKIN CANCER HISTORY

1. Please note what type of skin cancer was diagnosed:

Basal Cell Carcinoma Squamous Cell Carcinoma Malignant Melanoma

2. When were you first told you had skin cancer?

3. Where was the skin cancer located?

4. How was the skin cancer treated? *Select all that apply and give dates of treatment*

Surgery (date) Chemotherapy (date)
Radiation therapy (date) Other (date)

5. For Malignant Melanoma only, what State was the cancer? *Select one*

Clark I/in situ Clark II/Breslow <.75mm Clark III/Breslow .75-1.5mm
Clark IV/Breslow 1.51-4.0mm Clark V/Breslow >4.0 mm

6. Has the skin cancer spread beyond the skin? Yes No

If yes, please give details:

7. Are you on any Chemotherapy or Radiation treatment now? Yes No

8. When was the last date of Chemotherapy or Radiation treatment?

CURRENT STATE

9. Has there been any evidence of recurrence? Yes No

If yes, please give details:

10. Please list current medications:

11. Does your client have any other major health problems (ex: cancer, diabetes, etc.)? Yes No

If yes, please give details:

ADDITIONAL COMMENTS

Please also submit a copy of the Pathology Report

Do you have any additional comments?

Advisor:
Date:

For more information, contact:
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