



# INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

## *Chronic Lymphocytic Leukemia Questionnaire*

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Proposed Insured: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Male ( ) Female ( ) Height \_\_\_\_\_ Weight \_\_\_\_\_ Smoker ( ) Non Smoker ( )

Amount of Coverage \$ \_\_\_\_\_ Product Type \_\_\_\_\_

1. Please list date of first diagnosis \_\_\_\_\_

2. Please note current stage of the leukemia

Stage 0

Stage 1

Stage 2

Stage 3

Stage 4

3. Is the client on any medications for this disease?  Yes  No

If yes, please detail \_\_\_\_\_

4. Please provide results of most recent CBC (Complete Blood Count):

Date \_\_\_\_\_ Hemoglobin \_\_\_\_\_

White blood cell count \_\_\_\_\_ Platelet count \_\_\_\_\_

5. Has the client smoked cigarettes in the past 12 months?  Yes  No

6. Has a parent, brother or sister died prior to age 65, other than by accident?  Yes  No

If yes, please detail \_\_\_\_\_

7. Does the client exercise three or more times per week?  Yes  No

If yes, please detail \_\_\_\_\_

8. Client's occupation \_\_\_\_\_

9. Please list any other illnesses or impairments; along with any and all medications currently taking, include the dosage and frequency of each: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_