

Underwriting Support

# Skin Cancer/Melanoma



Please answer each question completely and provide as much detail as possible.

Producer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
 Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Coverage Type:  Whole Life  Term  Universal Life Face Amount: \_\_\_\_\_ Max Premium: \_\_\_\_\_

Please provide details of specific policy design requests, benefit riders, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the client current currently smoke cigarettes?

Yes  No

Does the client currently use any other form of tobacco products (i.e. nicotine patch, snuff, pipe, cigars, chew, Nicorette gum, etc.?)

Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CANCER HISTORY**

What type of skin cancer was the client diagnosed with?

Basal cell carcinoma  Malignant melanoma  Squamous cell carcinoma  Dysplastic nevi syndrome

Date of diagnosis: \_\_\_\_\_

Location of skin cancer(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



