Underwriting Support





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 d	etails of specific policy design requests, bene	efit riders, etc.:	
Does the client cu	rrent currently smoke cigarettes?		
□ Yes [□ No		
Does the client cu	ırrently use any other form of tobacco produ	ucts (i.e. nicotine patch, snuff,	pipe, cigars, chew, Nicorette gum, etc.?)
□ Yes [□ No		
f yes, please prov	vide details:		
CANCER HISTORY			
	cancer was the client diagnosed with? rcinoma □ Malignant melanoma □ Squ	amous cell carcinoma □ Dy:	splastic nevi syndrome
Date of diagnosis:	:		
Location of skin c	ancer(s):		

How has	the cancer	been treated?							
□ S	urgery:	Dates of Surgery:							
		Date cleared/re	leased from post	t-op care: _					
	ther:	Details:							
TNM Sta	age [of cance	·rl·							
□T1a	□T1b	□Т2а □Т	2b □ T3a	□T3b	□T4a	□T4b	□Any N1-3	□ M1	
	gnant Melan ndicate the C	oma only: Clark Level of the o	cancer:						
□I(1)	□II(2)	□III(3) □IV	(4) □V(5)						
For Mali	gnant Melan	oma only, please	indicate the Bres	low Scale of	f the cancer:				
	□In-stu).74 mm or less).75 mm to 1	.50 mm	□ 1.51 mm	to 4.00 mm	□4.01 mm plus
Any evid	lence of recu	rrence?							
□ Y	es 🗖	No If yes, p	provide details ir	ncluding dat	es:				
Any fam	ily history of	melanoma?							
□ Y	es 🗖	No If yes, p	provide details ir	ncluding dat	es:				
Please p	rovide comp	lete details of all	current medicat	ions includii	ng dosage:				
In the ar	ea below, pl	ease provide deta	ails of any/all oth	ner health co	oncerns, con	ditions an	d history:		
Please p	orovide detai	ls of any other ca	ncer history:						

